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FOREIGN BROADCAST INFORMATION SERVICE

JPRS Report

Epidemiology

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EPIDEMIOLOGY

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BRIEFS

CHOLERA EPIDEMIC IN LUANDA--A cholera epidemic has broken out in Angola. Foreigners and doctors were saying this weekend that there had been up to 200 deaths over the past 3 to 4 weeks. The minister of health of the southwest African country, Ferreira Neto, has now confirmed the cholera cases but indicated a far smaller number of cases. In eight cases, it was certain that it was a question of cholera; in 148 others there were so far only suspicions. In the capital there have been four deaths to date. Foreigners from the West, from the Soviet Union and from Cuba have been instructed to have themselves inoculated for some time. The Ministry of Health issued instructions over the radio and in the daily O JORNAL DE ANGOLA to be "extremely" attentive to hygiene and to seek medical attention if cholera were suspected. The hygienic conditions in Luanda are favorable to the outbreak of cholera: drinking water is untreated; frequently--even in larger hotels and doctors' offices--there is neither running water nor flush toilets. Garbage is found everywhere in the city. The cholera epidemic--occurring with near regularity in Angola's coastal towns at intervals of every few years--began this time at Soyo in the north. [Text] [Article by vL., Luanda, 24 May: "Cholera Epidemic in Angola"] [Frankfurt/Main FRANKFURTER ALLGEMEINE in German 25 May 87 p 8] /9604

CSO: 5400/186

DIARRHEA, OTHER DISEASES BREAK OUT IN SYLHET

Dhaka THE BANGLADESH OBSERVER in English 23 Apr 87 p 7

[Text

SYLHET, Apr. 20:—Diarrhoea has broken out in an epidemic form in different areas of greater Sylhet district. So far 14 persons including five children died of the disease. More than 250 persons have been suffering from the disease.

The badly affected areas are Bongshodor, Dapara, Kollogram, Poliagram of Kadimnagar Union, Akilpur and Lalarchak of Teli Union under Sylhet Sadar Upazila where at least 200 persons have been suffering from the disease. Eleven persons have died of the disease in Kadimnagar Union and two persons died in Teli Union under Sadar Upazila.

Disease has also broken out at Kuliapara in the town where scarcity of drinking water has been prevailing for a long time resulting in great hardship to the residents.

Diarrhoea has also broken out in different upazilas such as Gulapganj, Beanibazar, Kazigonj, and Kanaighat upazila in Sylhet district.

The disease also broke out in sadar and Chhatak upazilas of Sunamgonj district.

The disease broke out in an epidemic form in Abdulpur, Amotoil and Cachtolagram under Moulavibazar Sadar upazila and Poshchim Bhag and Medinipur and Balishira areas of Srimangal Upazila under Moulavibazar district where at least 150 persons have been suffering from the disease.

Jundice has also broken out in Sylhet town where at least 50 persons including the Deputy Commissioner Sylhet, have been suffering from the disease.

/9274
CSO: 5450/0141

BRIEFS

SKIN DISEASE SUFFERERS--About 30 percent of out door patients in the hospitals are suffering from various skin diseases, reports BSS. This was stated in Dhaka on Saturday by Health and Family Planning Minister Mr Salahuddin Quader Chwodhury at the inaugural function of the 4th annual conference of Bangladesh Dermatological Society. The Health Minister said there are dearth of dermatologists in the country and efforts would be made for higher training in this field. He said that at the same time more emphasis should be given on dermatology in medical curricula so that the students could acquire more knowledge on skin diseases. The Minister pointed out that though patients of skin and veneral disease had less chance of mortality but these diseases polluted the healthy environment of the society. The Health Minister said already the Government had nominated 11 persons for higher training abroad to obtain diploma on dermatology. [Text] [Dhaka THE BANGLADESH OBSERVER in English 20 Apr 87 p 8] /9274

CSO: 5450/0142

RECURRENCE OF DENGUE FEVER REPORTED

Bogota EL TIEMPO in Spanish 6 May 87 p A-6

[Article by Lucrecia Gomez, editor]

[Text] Dengue fever, a tropical disease, and its carrier mosquito (Aedes Aegypti) have reappeared in this country after 20 years. Its new characteristics and effects have health authorities concerned.

Because programs to prevent and eradicate the Aedes Aegypti and dengue fever have been suspended since 1970, the mosquito has multiplied. This has created "an alarming situation since there is little spraying and a large infestation of Aedes Aegypti in the main urban areas," according to an internal report drawn up in the Ministry of Public Health.

The head of the Virology Department of the INS [National Institute of Health], Jorge Boshell, explained that the new characteristics of the Aedes and the consequences the reappearance of the mosquito has for the health of the people are as follows:

The virus carried by the Aedes has become resistant to DDT and health authorities have failed in their attempt to eradicate it again. For that reason, they have begun to test other phosphorated compounds (poisons) to eliminate it. The results are still being evaluated.

The mosquito has become tenacious in invasion and survival. It has managed to develop at heights and in areas previously considered inadequate for its growth.

Meanwhile, the high infestation of Aedes in a good part of national territory has increased the risk of hemorrhagic dengue in the country. Therefore, the Ministry of Public Health, the INS, the SNEM [National Service for Malaria Eradication], and the sectional secretariats were placed on alert.

Infestation

The head of the Virology Department of the INS, Jorge Boshell, and the head of the Aedes Aegypti section of the SNEM, Victor Velandia Bernal, estimated that the mosquito has infested about 180,000 square kilometers of land at 1,500 meters above sea level or below.

Infestation of Aedes Aegypti, Colombia, 1958

The map shows the areas invaded by the Aedes Aegypti. This mosquito has managed to spread to a good part of the country because it has become resistant to insecticides and has acquired the ability to survive at heights unsuspected before.

Key:

1. Data
2. Item
3. Houses
4. Population
5. Infested area
6. Total country

They calculate that there are 3 million houses inhabited by 15 million people in the area invaded by the mosquito.

That population is exposed to classic or common dengue which is generally identified by high fever, intense headaches, and aching joints and muscles.

The regions most affected are the towns on the Atlantic and Pacific coast, the basins of the middle and lower Cauca and Magdalena, and areas of Putumayo, Caqueta, Meta, and Arauca.

Temperatures above 35 degrees centigrade favor the growth of the mosquito. However, Boshell stated that in recent months its development has been verified in areas with climates below 32 degrees.

The mosquito has been found at heights of 2,200 meters like in the municipality of Malaga, Santander. Specialists found larvae in more than 12 percent of the houses there. Larvae have also been found in the very "outskirts" of Bogota like La Mesa.

Although this mosquito continues to be domestic and is usually found in urban areas, Boshell noted that there are high infestations of adult Aedes and larvae in isolated houses in rural zones where the closest highway is 7 kilometers away.

Measures

Facing this health problem for the people who live or move to "hot ground," health authorities have begun to take appropriate measures.

They organized an epidemiological vigilance network in order to quickly identify the circulating virus and decide on measures of control in time to prevent the development of hemorrhagic dengue.

Nevertheless, the head of the Aedes section of the SEM indicated that, due to limited resources, the program will only cover cities with highest epidemiological risk and greatest social and political impact like Cartagena, Barranquilla, Santa Marta, Cucuta, and Cali.

For the rest of the population at risk, the health authorities made an appeal for appropriate preventive measures.

If the community detects a case of dengue accompanied by unexplained hemorrhaging, it should be immediately reported to the nearest health service, post, or center.

7717
CSO: 5400/2047

BRIEFS

'STRANGE EPIDEMIC' KILLS 19--Bogota, 20 May (EFE)--Eva Alonso, head of the Indian Affairs Bureau in Villadupar, has announced that a strange epidemic has killed 19 Indians in northern Colombia. The officials have said that 19 Indians of the Arhuacas, Arzarios, and Koguis tribes of Santa Marta's Sierra Nevada area have recently died from an unidentified epidemic that has been affecting the area for the past 15 days. Some 800 Indians live there. The symptoms are vomiting, diarrhea, headaches, high fever, and a skin rash over the entire body. According to doctors working in the region, the disease, which mostly affects children, is produced by an unknown virus very similar to measles. Health brigades have gone to the sector to do research and to attend to the Indians. [Text] [Madrid EFE in Spanish 0241 GMT 21 May 87 PA]

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CSO: 5400/2051

BRIEFS

CZECH AIDS FIGURES--In the Czech SR there are already 44 carriers of and 6 persons ill with AIDS. [Summary] [Prague MLADA FRONTA VIKEND Supplement in Czech No 20, 23 May 87 p 3 AU] /8309

CSO: 5400/3021

HIV-2 VIRUS FOUND FOR FIRST TIME IN COUNTRY

Copenhagen BERLINGSKE TIDENDE in Danish 12 May 87 p 2

[Article by Lis Lipschitz]

[Text] A new AIDS virus that was found in West Africa 12 months ago has been ascertained in a patient in Denmark. It is transmitted via the same channels as the already known AIDS virus.

Somewhere in Denmark is a patient infected with as many as two AIDS viruses, the well-known HIV-1 and an entirely new one, HIV-2.

This was ascertained by reseachers at the State Serum Institute, but it is not known whether the patient is a Dane, only that the blood sample was sent to the Institute through a Danish hospital. It is the first time that the new virus has been ascertained in Denmark.

The HIV-2 virus was first found in a healthy, female prostitute in Senegal in West Africa 12 months ago, Dr. Birgit Kvinesdal, resident physician, stated yesterday when the Serum Institute presented an external annual report for the first time. She stated that HIV-2 is known in African countries and has since then been ascertained in several European countries. In a couple of months, the Serum Institute will have a method ready to screen donor blood for the new HIV-2 virus, but Dr. Birgit Kvinesdal does not find that the new virus at present is such a big problem in Denmark as to necessitate general screening, for the reason, among others, that risk groups in this country are prevented from donating blood.

Researchers at the State Serum Institute fear that the inflow of new Aids viruses will not stop with HIV-1 and HIV-2 but that in time there will be many more viruses which give the dreaded disease.

7262
CSO: 5499/2473

NEW RISE IN MENINGITIS CASES

Copenhagen SØNDAGS-AKTUELT in Danish 5 Apr 87 p 10

[Article by Ruth Northen]

[Text] The figures from the first quarter of the year indicate a new major increase in 1987 in the incidence of the dreaded disease.

Meningitis case number eighty-one. The State Serum Institute counted as many cases of meningitis by 1 April. If the trend continues for the rest of the year, 1987 will become a new record year in meningitis cases with perhaps up to 50 percent more cases than last year of the dreaded infectious disease.

And last year's figure was even extremely high, nearly 75 percent above the figure of 1985.

By 1 April 1986 the Serum Institute had confirmed 52 cases, and in the course of the entire year 225 cases were recorded. With a corresponding development this year, the figure for 1987 may be estimated to reach at least 320-330.

And that does not even tell the entire truth regarding the meningitis epidemic. The real figures of the incidence of the disease are always higher than the number of samples sent to the Serum Institute, last year thus 25 percent above.

Alarming Increase Since 1985

To properly evaluate the situation, it should be pointed out that the annual incidence of meningitis in the sixties was 50-60 cases.

In the seventies and eighties, the rate of meningitis cases, however, has been rather high. Nobody knows why the number of cases has trebled these years, nor why there was a steep increase in the trend as of 1985. But it is possible that a couple of especially aggressive variants of the meningoccocic bacterium is raging these years, says Inga Lind, Chief Physician, the State Serum Institute.

Course of a Bacterium

In the seventies, North Norway was subject to a meningitis epidemic, with the largest number of cases during the years 1975-80. In Iceland, a corresponding

epidemic reached its peak in 1976-77.

In 1975 a meningitis epidemic erupted in the Faroes. When it was at its peak, 95 out of every 100,000 inhabitants had become infected with meningitis. That is 30 times the frequency we experienced in Denmark at the time. The Faroese curve reached its peak in 1981 and has been declining since then. But the incidence of meningitis is still 10 times higher than normal in the Faroes.

In all three epidemics, it has been meningococci of the B-strain that have been especially prevalent, and a variant by the name of B-15 has been particularly dominant.

One may almost follow the course of this variant of the meningitis bacterium through the Nordic countries.

In Denmark, the first cases of the B-15 meningitis occurred in 1975-76. But last year, when many meningitis cases occurred in the area around Randers, it was a question of meningococci of the C-type. The subgroup of the C type--it was named 2-a--which was dominant around Randers, seems, however, to belong to the more aggressive strains.

Sixteen Cases Around Hillerød

There is now another accummulation of meningitis cases around Hillerød. A 15-year-old girl died of the disease last week. Altogether, there have now been 16 cases in Frederiksborg county, 14 of which in 1987.

And here the picture is somewhat more varied. In some instances, it has been meningococci of the B-15 group that have raged, but not in all cases.

"Lots of people have meningococci in their throats, and among the carriers in Frederiksborg county, we have also found the B-15 strain. Last year we found C-2a amoung carriers in the Randers area. Meningococci pass on the infection by way of droplet infection, and it is believed that some people simply have not managed to develop antibodies against newer meningococci strains. If they are infected--and if other circumstances make them less resistant--they may risk that the disease will break out," says Inga Lind.

But she points out that it is a question of assumptions. Nobody is able to give the right explanation when it comes to meningitis.

Recently, a couple of Danish researchers, Hans Erik Nielsen and Claus Koch, pointed out that people with a congenital defect in their immune systems, a so-called complement defect, have a greater risk than others of contracting meningitis. However, only a small number of the actual cases may be explained in this way.

Other factors also play a role, and there is certainly reason to undertake more research to reveal them, even if meningitis may still be referred to as a rare disease, Inga Lind says.

Type-A Disappearing

Meningococci seem have the ability of constant variation. But physicians still group them under the three main types of the bacterium: A, B, and C.

It is interesting that the B-type has become the most frequent type in this country during the last few years. It now occurs 2-3 times as frequently as the C-type. The A-type, on the other hand, has almost disappeared from the scene in Denmark during the last few years.

However, it occurred in Finland in the early seventies, when the country experienced an epidemic--and they started using meningitis vaccine for the first time.

Today there are vaccines against both the A-type and the C-type meningitis. On the other hand, it has not been possible to produce a vaccine against the B-type.

Teenagers and Small Children

This type is, moreover, the most frequent type among teenagers, who, as well as small children, are particularly exposed, when it comes to meningitis.

Studies performed by epidemiologists show that one third of all cases of meningitis in Denmark occurs in the age group 0-4. Another third occurs among teenagers, while the last third occurs among all other age groups.

It is understandable that the immune systems of small children may be too immature to cope with a meningococcus infection. As far as the increased risk of teenagers is concerned, the explanation may rather be that it is a question of an age group where people get in close contact with one another--and the different meningococci types of others, Inga Lind says cautiously.

Information Campaign Saving Lives

It is important for everybody contracting meningitis to seek medical help quickly. Treatment in time may save lives and prevent damage. Fortunately, most people in this country escape permanent damage from meningitis. But 5-10 percent of those contracting the disease will die.

Healthy children and young people suddenly succumb. That is why there is still great fears associated with the disease.

7262
CSO: 5400/2468

LATEST TRENDS, STATISTICS ON AIDS CASES REPORTED

Interior Minister Comments

Copenhagen SØNDAGS AKTUELT in Danish 5 Apr 87 p 11

[Article by Iben Thastum]

[Text] "It is logical that AIDS affects us strongly culturally in many different ways. Our social conduct will necessarily have to change. The developments in the sixties and seventies have become a thing of the past--we have got to revert to the old standards of value, where faithfulness and responsibility were given high priorities.

These are the suggestions made by Minister of Interior Knud Enggaard on how the society may safely escape the imminent AIDS epidemic. It is estimated that 10-15,000 Danes have already been infected. And the National Health Service needs 120 million kroner to fight the dreaded disease. But the minister cannot make any promise of funds.

"That is not something that I can decide alone right now. Several of the desired activities to combat the infection are within the spheres of competence of other ministries--and the Ministry of Finance will have to become convinced that it will be necessary to make changes in the agreement made for this year. We have no additional grants from which to take funds. And the long-term AIDS problem will not be solved by way of an extraordinary grant in this budget year," says Knud Enggaard.

Acute, But

"I realize that it is an acute situation, but we have to take into consideration the technical, economic and political aspects to evaluate the tasks that are the most urgent--and to solve them in the right order."

"Aids is no longer a disease to be fought solely by the public sector and professionals. Everybody has to make an effort. And that should be possible in a society such as ours, where societies exist for all kinds of diseases. Campaigns via advertisement do not suffice--we share a problem that affects everybody. It would be deplorable if the citizens were to take the position that "the others will probably solve the problems, as long as I pay my taxes."

Human contact cannot be paid via taxes. We are faced with a task that has to be solved by the entire population."

Voluntary and Anonymous

Knud Enggaard presented his AIDS report during the inquiry session of the Folketing last Tuesday, where nearly all politicians agreed that the anti-AIDS campaign will have to be based on voluntary and anonymous efforts.

"I believe that all politicians have come to realize the disastrous nature of the problem. We cannot escape the problem any longer, although we cannot solve all of the problems now. The trend in the next 2-3 years is predictable. A vast number of those who have become infected with AIDS will become ill and will need help. We have no basis for comparison, as far as treatment is concerned--and we have to think along entirely different and new lines."

Warmer Environment

"It may, for example, be contemplated rearranging the care and treatment of the patients, so that it will not only take place in the hospitals. AIDS patients are extremely lonely and need extra care, because in most cases they do not have the same support from their relatives as other seriously ill persons. And they need a different and warmer environment than can be provided in hospitals."

"I have in mind some kind of collectives or places where they may be cared for, where there are other patients with AIDS and where they can help and support one another. Not a hospital for terminally ill patients but something between a hospital and a home.

Knud Enggaard's basic idea is that lots of information and details on AIDS may motivate people to change their habits and avoid infection. But he points out that the information provided by the media will have to be identical to avoid having to use one's efforts on rejecting wrong statements and false optimism. Political fights may likewise be detrimental to the dissemination of information on AIDS.

No Force or Prohibition

"I am opposed to prohibition and support the dissemination of information. We shall, under no circumstances, register or introduce compulsorary measures, as, for example, in the cases of venereal diseases. Since there is no treatment for AIDS, unlike venereal diseases, and since the infection is not transmitted by way of ordinary contact, there is no reason to take such measures. One may protect oneself against AIDS by taking simple measures."

"On the other hand, I support security, openness and anonymity and find that these things give far better results. If the disease is made "illegal," those suspected of having the disease will go underground and create an underground environment. It is far too easy to appeal to fear on account of the lack of knowledge," says Knud Enggaard.

150 Victims So far

Copenhagen BERLINGSKE TIDENDE in Danish 23 Apr p 12

[Article by RB]

[Text] In the course of March, the National Health Service registered four new cases of AIDS-patients in Denmark. This means that a total of 150 patients have been reported in whom the disease has erupted. Seventy-eight of them have died.

The latest issue of AIDS NYT, published by the National Health Service, shows the number of persons in whom the disease has erupted. A total of 145 men and 5 women had developed the disease.

The vast majority of the cases were recorded among homosexual and heterosexual men, viz. 131.

Five hemophiliacs have developed AIDS, and five contracted the disease through heterosexual contact. Two of these men were infected in Central Africa, and one is an immigrant from an African country. Three persons were infected through regular blood transfusions, and the disease has been found in two narcotics addicts using the needle.

Finally, the child of a patient belonging to one of the risk groups has developed AIDS. Three persons have contracted AIDS without their physicians having been able to ascertain the source.

The National Health Service expects 15,000 Danes to have become infected with AIDS, without the disease having erupted yet. And the majority do not know that they have been infected with the virus.

7262
CSO: 5400/2468

DANISH OFFICIAL: AIDS THREAT DEMANDS CHANGE IN SEX HABITS

Syphilis Epidemic Also Factor

Copenhagen BERLINGSKE TIDENDE in Danish 16 May 87 p 1

[Article by Ole Dall]

[Text] "Sexually transmitted diseases in Greenland are a constant and unacceptable burden to the National Health Service," says Dr. Michael von Magnus, chief medical officer of the National Health Service. He will propose a number of initiatives to the Ministry of Greenland Affairs "as soon as possible."

"In order to solve the problem of sexually transmitted diseases in Greenland, sexual habits have to be changed. The number of sexual contacts have to be reduced, and condoms have to be used."

These were the comments by Dr. Michael von Magnus, chief medical officer of the National Health Service, on the many sexual diseases and the fear of AIDS in Greenland.

"In my opinion, sexually transmitted diseases in Greenland are a constant and unacceptable burden to the National Health Service," Dr. von Magnus tells BERLINGSKE TIDENDE.

Dr. J.P. Brangstrup Hansen, acting chief physician of Greenland, yesterday told BERLINGSKE TIDENDE that this is the last chance to avoid an AIDS disaster in the Greenland society.

Michael von Magnus states that the National Health Service will contact the Ministry of Greenland Affairs "as soon as possible, presumably this month, proposing increased efforts in Greenland."

"It is unrealistic to rely on the expectation that there will be no AIDS in Greenland," says Dr. von Magnus, who is planning a "major information campaign.

Syphilis Epidemic

A syphilis epidemic has recently broken out in Greenland, and there are 10,000 cases of gonorrhea annually. There are 100 times more sexual diseases in Greenland than in Denmark on the basis of the number of inhabitants. "The problem is that both Greenland and Denmark have become used to these figures and have not managed to do anything about it," says Dr. Michael von Magnus, adding that the danger of AIDS in Greenland has previously been pointed out to the Ministry of Greenland Affairs.

A couple of weeks ago, the Ministry of Interior received an AIDS report from the National Health Service.

The report stated, among other things, that there is a danger of a "rapid spread" in Greenland if the AIDS virus enters the non-homosexual environments with many sexual contacts.

Mandatory Syphilis Examination Ordered

Copenhagen GRØNLANDSPOSTEN in Danish 6 May 87 p 32

[Article by Dr. Jens Misfeldt, chief physician of Greenland]

[Text] It became again necessary to carry through a mandatory syphilis examination of the population. In a meeting on 28 April 1987, the National Health Service adopted a proposal proposed by the chief physician of Greenland for an early mandatory syphilis examination of the population in the following municipalities: Nanortalik, Julianehåb, Narsaq, Frederikshåb/Ivigtut, Sukkertoppen as well as Egedesminde/Kangatsiaq. These municipalities were selected because the increase in the number of syphilis cases was most pronounced there.

It may be important for the individual citizen to uncover a concealed case of syphilis because this disease may develop throughout many years and, if left untreated, may give cause to great serious damage to one's health.

Fifty to One Hundred Unknown Cases

It is important for the society to find as many sources of infection as possible within the population. Treatment of these sources will eliminate many channels of infection, and the spread of the disease in the society may thus be limited.

It is therefore important to obtain wide support for the examination among the population. The figures indicate that, on the basis of good support among the population, between 50 and 100 unknown cases of syphilis may be found.

The examination involves everybody within the age range of 15-60. The examination will commence around 18 May in Nanortalik and will conclude in Egedesminde/Kangatsiaq in the course of the first week of June. The

population in the said municipalities is requested to pay attention to the information on the examination that is provided by the district physicians. Local hospitals may be approached at any time for further information.

Use Condom

Finally, is should be pointed out:

That syphilis and other venereal diseases are spread via infection existing within the population, and

That an accumulation of infection within the population is closely associated with many lose, sexual relations and the lack of protection (condoms) in casual relations, as well as

That the AIDS virus in the same way may still become one of the many infections in the population that are sexually transmitted.

There is only one way for the population to reduce the number of venereal diseases and thus also avoid the AIDS disease:

LIMITING THE NUMBER OF CASUAL PARTNERS AND ALWAYS TAKING PROTECTIVE MEASURES (USING CONDOMS) WHEN HAVING CASUAL SEXUAL RELATIONS.

7262
CSO: 5400/2473

SYPHILIS INCIDENCE, SEX PRACTICES PORTEND SERIOUS AIDS THREAT

Copenhagen INFORMATION in Danish 25-26 Apr 87 p 6

[Article by Anne Brockenhuus-Schack]

[Text] The prevention of AIDS in Greenland has become the subject of a political dispute on money. In this respect, the situation is not particularly different from the one existing in Denmark. But in the opinion of many people, there is great danger that the disease may become very widespread within the Greenland society because of the very high syphilis incidence. The consequences may become disastrous. But despite the Doomsday messages, measures of prevention encounter reactions of suppressed distrust.

Three Incidents of Infection

There have not (yet) been any ascertained cases of AIDS in Greenland. So far, there are only three cases of infections with AIDS--cases which were known to the health authorities already 2 years ago. Two major screenings of risk groups undertaken in early 1986 and 1987 have not shown any new cases.

Everybody is talking about ways to limit the infection to the three known cases, and the rather ambitious goal has been set to keep Greenland free of AIDS. But, if so, Greenland would be practically the only place on earth without this disease.

The reason why the prospects with regard to AIDS are so alarming, even at a time without a single Greenland AIDS patient, is the increase in the rate of venereal diseases--especially syphilis--and other sexually transmitted diseases within the Greenland society. The frequency has always been about 100 times higher per capita than in Denmark.

New Epidemic

Since the almost epidemic conditions in the mid-seventies, when the number of syphilis cases on an annual basis amounted to well over 700 out of a population of 50,000, there was a minor decline over a number of years. But the trend reversed, and there was an increase in the incidence of syphylis in 1986, when 281 new cases were reported. In the first 3 months of this year alone, there have been 146 new cases.

The new cases of this year are equally divided among men and women, and the average age is 20 years for men and 25 years for women, respectively. The age range for women is between 15 and 49 years, while the range for men is between 15 and 61. By way of blood screening it was ascertained that 1 percent of the population suffered from unrecognized--and thus untreated--syphilis. The average age for syphilis infection is considerably higher than in the case of gonorrhea, approximately 10,000 cases of which were ascertained in 1986. However, 3 years ago, the number of cases was 13,000.

'Sisyfos Job'

"This is a Sisyfos job," the acting chief physician of Greenland, Jens Peter Bramstrup Hansen, tells INFORMATION. "We are up against the wall, and the line is as large in the venereal-disease clinics. We cannot cope with it up here, our resources are inadequate for really preventive action, and we are unable to solve the problem via treatments."

"We also see all of the subsequent effects. Infertility after numerous infections of the internal female sexual organs, chlamydia infections, which also occur in quite young women, as well as rheumatism and eye diseases as a result of gonorrhea. The frequency of reinfections of gonorrhea is very high. Moreover, due to the effects of alcohol, it is difficult establishing contact. The patient cannot remember with whom he or she had sexual contaxt. There is not very much to go by if one only learns that the partner had dark hair."

Venereal diseases have become so widespread in Greenland that a few have considered classifying syphilis as an epidemic in Greenland. Finn C. Becker-Christensen, former district physician in Aasiaat (Egedesminde), has proposed that blood tests be performed on everybody entering Greenland in order to avoid AIDS.

The acting chief physician of Greenland rejects this idea, saying that no test is quick enough for the result to become available while those entering the country do their duty-free shopping.

Screenings

Indeed, the negotiations carried on by Jens Peter Bramstrup Hansen with the National Health Service during the past week are not to this effect. Instead, the National Health Service suppports a proposal that, prior to the summer holidays, a screening of blood tests be undertaken in the six worst affected areas, which are especially located in South Greenland. And that a specialist in venereal diseases be sent to Greenland to travel around the country, teaching the health staff the correct examination and treatment procedures.

The former medical officer of health in Greenland, Jens Chr. Misfelt, now medical officer of health in Vejle, appears to have an important say in this conjunction. He has just gone to Greenland to prepare reports and proposals for coordination of the efforts of the various bodies to prevent venereal diseases in Greenland. Before his departure, he told INFORMATION:

"The venereal disease legislation gives us every possibility of examining, treating, and tracing venereal diseases in Greenland. We merely have to make use of the existing possibilities and put them in a system. That is best done by way of screenings."

Syphilis in Third Stage

"However, if we do not get to the bottom of this unknown reservoir, we shall see an increasing number of children with congenital syphilis and syphilis in its third stage, which is untreatable and affects the nervous system, the brain and the circulation, including the heart. We have not yet had any of those cases, but there are many cases in their second stage, which we also saw in the seventies."

As long as AIDS has not been introduced into the Greenland society, it is still possible to take effective preventive measures. So far, it has been possible to keep a close eye on the three persons infected with AIDS. Repressive tolerance is not lacking either in the very small communities where everybody knows one another. One of those infected with AIDS was actually harassed out of the town and had to return to Denmark. Nor did the National Health Service remain in the background, INFORMATION learns.

But once one talks about preventive measures, politics very rapidly enters into the picture--in a struggle for funds between the Danish state and the Greenland home-rule government. For the health service sector is the last major expenditure block to be transferred to the Greenland authorities. That will not take place until 1 January 1989, at the earliest. Till then, the Danish state will have to defray the costs.

Block Grant

Several of the people with whom INFORMATION has discussed the matter have referred to the fact that part of the economic policy tug-of-war may be due to the desire on the part of Greenland not to make too large contributions since this may have an effect on the size of the block grant to Greenland when Greenland takes over the health service sector.

As far as organization is concerned, the highest authority of the health service in Greenland is the Health Board, the chairman of which is the Chief Administrator. It has a large representation from the home-rule government. The Health Board is the body which issues all of the main guidelines for the health service, while the Health Administration is in charge of the daily management. It belongs under the Ministry for Greenland Affairs.

Greenland is divided into sixteen medical districts, and after the separation from the Danish administration, the chief national physician--or rather the chief national physicians, in that there will be two--will belong under the Ministry of the Interior. One of these positions as well as the position of medical officer of the Health Administration, however, have not yet been filled on account of a conflict concerning remuneration between the Danish Medical Association and the Ministry of Finance. The Health Board is in charge of the overall supervision.

"What Is Needed Is Being Spent"

Minister of Greenland Affairs Tom H¢yem (Center Dmeocrats) tells INFORMATION that the state "is spending what is needed on the Anti-AIDS campaign." He adds: "The total amount of the grants does not create any problems, and there has been no desire from Greenland for more."

That statement encounters deep skepticism in Greenland. Minister Aqqaluk Lynge, IA [A radical youth group], who is in charge of the social and housing sectors as well as the health sector of the home-rule government, tells INFORMATION:

"I doubt that the Danish state will pay what it costs. The state has not been especially interested in this area and delegates it to the home-rule government. But as long as we are part of the Danish Kingdom, it must be the duty of the Danish state to pay."

While the Danish state this year has earmarked 350 million kroner under its budget for the Greenland health service sector, the Danish state has only earmarked 500,000 kroner for the Board of Prevention, which will be in charge of all of the preventive measures within the entire health sector. The board was set up only last year. The minister says:

Half a Million Lacking

"The condition was that the other half million would be provided by Greenland. However, that money was never received. It is to be hoped that it will be forthcoming after the election."

In this context, the minister alludes to the election to be held in Greenland on 23 May. Aqqaluk Lynge, however, rejects the idea that the issue would have entered into the election campaign:

"The minister has requested us to pay the same amount. But we still find that it is the responsibility of the Danish state to pay it. It ought to be possible to launch a proper campaign, which will probalby cost a couple of million kroner every year for a decade. But the Danish authorities have been rather slow, and we have placed too much trust in them. We spend 5 million kroner on the anti-alcohol campaign alone, and we do not have large funds in Greenland. However, I should like to participate in the national meeting of the party to ask questions regarding the Danish initiatives."

The Board of Prevention is left with its funds of 500,000 kroner so far. The chairman of the board, Frank Senderovitz, Chief Dentist, tells INFORMATION that the Anti-Aids campaign alone, which the board is preparing and which will probably be launched after the summer holidays, will cost the entire amount. As was the case with a couple of video films last year. The translation and arrangement of the two AIDS films, produced in Denmark, cost 200,000 kroner.

Condom Campaign

The campaign expenditures do not include the costs of free distribution of condoms. So far, condoms have been freely available in hospitals, paid by the National Health Service, but the campaign will seek to make this form of prevention more readily available:

"We have had in mind a major campaign for condoms. It must be very colorful and inviting and must concern a warm theme such as being good to oneself and one's environment. We negotiate with a condom firm, so that we shall get a good, reputable brand, which will be given a Greenlandish name. The condoms must be readily available in places such as bars, fast-food shops, and might be included with the exchange from the taxi driver taking a person home."

But the chairman admits that the situation is not ideal. He is fearful that much will be lost in the bureaucracy. The first possibility of the home-rule government of a strong indication of its interest in stopping AIDS will be its reaction to the campaign. He says that the home-rule government is now adopting an attitude of wait-and-see.

"There is a need for several more, earmarked funds. But it is also a task for the Greenland society," he says.

In Greenland, too, opinions differ on how to tackle the problem and whether sufficient measures are taken. The head of the Health Administration under the administration in Nuuk (Godthåb), Ebbe Ejgaard, does not want to elaborate on the issue. Beyond the fact that they are following the situation closely, and that no amounts have been directly earmarked under the budget for AIDS. Actually, it is his opinion that it is a reflection of bad reporting that INFORMATION had taken the liberty of talking to the minister ahead of time.

Ove Rossing Olsen, district phyisician in Sisimiut (Holsteinsborg), tells INFORMATION that he has himself undertaken an examination of the population in 1985 in his district, and that that examination will now be repeated. No cases of AIDS have been ascertained in Sisimiut. He says, however, that he does not find that sufficient efforts to trace the disease are being made, and he would like to see greater efforts to provide information in the schools."

"Too Accidental"

"The whole thing appears too casual. The information campaign ought to be conducted in a more strict and educational manner," he says.

Irrespective of Doomsday speeches. Here are some of the statements that have been made regarding the possible spread of AIDS in Greenland:

Tom Høyem: "AIDS will be a disaster in Greenland."

Aqqaluk Lynge: "If AIDS spreads in Greenland, it will not only be a serious matter, it will have disastrous effects."

Frank Senderovitz: "If AIDS first enters into Greenland, it will become a most serious matter. But if the campaign becomes effective, we shall not only prevent AIDS but also syphilis and gonorrhea."

Ove Rossing Olsen: "If AIDS is introduced in Greenland, the disease will spread rapidly."

Jens Peter Bramstrup Hansen: "We are extremely concerned about the increase in the incidence of syphilis. It shows that we do not control the situation, and in the case of AIDS we fear a very rapid development of the disease in Greenland."

Jens Chr. Misfelt: "If we manage to eliminate the spreading of syphilis infection, we shall also eliminate the cause of other sexually transmitted diseases, including AIDS."

Danish Men

Not only is the problem of AIDS prevention in Greenland not regarded as an economic problem in Greenland, but Aqqaluk Lynge is very emphatic that the information campaign must not either take place exclusively in Greenland:

"It is true that we have always had a different cultural pattern with great sexual freedom, but we also have a large foreign element in Greenland. That is the single Danish men who are working here briefly and without any normal family pattern. The Danish men ought to change their racist way of thinking and have greater respect for Greenland women. That will also have to be included in the information campaign."

The chief physician of Greenland does not agree on this: "Without being accused of being a racist, I have to stress that venereal diseases are a problem of Greenland. Like the alcohol problem--they do not drink less in the more liberal alcohol policy climate in Greenland--the violence, the murders and the suicides are there. It is only the Greenlanders themselves who can do something about the AIDS problem."

7262
CSO: 5400/2469

BRIEFS

SYPHILIS EPIDEMIC THREATENS--Acting chief physician for Greenland J.P. Brangstrup Hansen proposes that an examination be started comprising the entire population in Greenland for the venereal disease syphilis. The examination would be offered to everybody in the sexually active age group. The background is the increasing number of syphilis cases, which causes physicians to refer to it as a syphilis epidemic. Dr. J.P. Brangstrup Hansen fears that several people have the disease without realizing it. In the course of the first 3 months of 1987, a total of 146 syphilis cases were registered. That is more than during the entire year of 1984, when the incidence of syphilis in Greenland was declining following a serious eruption of the disease in the late seventies. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 9 Apr 87 p 6] 7262

MUMPS FROM DENMARK--The entire population in the northernmost municipality of Avanersuaq in Greenland will be vaccinated these days. It is a question of 850 people. The district physician has left on his dog sledge to vaccinate the population against measles, mumps, and chicken pox. The reasons is the recent report of a case of mumps, imported from Denmark. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 15 Apr 87 p 6] 7262

CSO: 5400/2468

BRIEFS

MALARIA 'EPIDEMIC'--The Ecuadoran Medical Federation [Federacian Medica Ecuatoriana] has reported that there are 51,430 proven cases of malaria in Ecuador, of which 25,951 are in Esmeraldas. It said 73.4 percent of the malaria victims are near death because the disease is highly dangerous. The federation asserted that there is a malaria outbreak of epidemic proportions in Esmeraldas and demands government steps to curb it. [Summary] [Quito Voz de los Andes in Spanish 1230 GMT 23 May 87 PA] /9274

CSO: 5400/2054

TOURISTS BRING BACK MALARIA TO WEST

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 6 May 87 p 31

[Text] Frankfurt/Main (FAZ)--As a result of the increase in long-distance tourism and the growing resistance of mosquitos to insecticides, malaria is threatening inhabitants of industrialized nations also. In the past year, more than 2,000 tourists returned with malaria to the FRG. Several of them died. Doctors sometimes diagnose the infection, caused by one-celled pathogens (plasmodia) only at a very late stage, since in this country, malaria is usually not considered when puzzling headaches and fever are present. When such symptoms appear without a clearly recognizable cause, the doctor should routinely inquire about the patient's trips abroad. In doubtful cases, it must be determined whether there are pathogens in the blood. Attention is drawn to this subject by H. D. Brede, of the chemotherapeutic research institute Georg-Speyer-Haus/Frankfurt, in the "Munich Medical Weekly" (Vol 129, p 70). The infection often lies dormant for months in both types of malaria, "tertian," caused by Plasmodium vivax and Plasmodium ovale, as well as "quartan," caused by Plasmodium malariae. Typically, an attack of fever can occur in the spring, after the first prolonged exposure to sun. Malaria tropica, a particularly dangerous variety caused by Plasmodium falciparum, has a maximum incubation period of 35 days. Low fever, weariness, headaches and muscular pains could be symptomatic at an early stage. According to Brede, these signs of illness are quite often diagnosed as grippe and treated accordingly.

/9599
CSO: 5400/2477

CABINET MINISTER URGES FURTHER AIDS RESEARCH

Frankfurt/ Main FRANKFURTER ALLGEMEINE in German 25 Apr 87 p 10

[Article by G.H.A.: "Riesenhuber Wants to Expand AIDS Research"/ Sexual Sciences to be Included/ 1,000 Victims in the FRG]

[Text] Research into the acquired immune deficiency syndrome AIDS is to be put on a broader base. Local research centers points are to be expanded, complemented by additional research groups, and combined in an inter-disciplinary research association. At a meeting of the AIDS advisory group in the Federal Ministry for Research and Technology on Friday in Bonn, Minister Riesenhuber made it clear that it was now a matter of interesting as many scientists as possible, particularly young ones, in this task. Stronger research capacities would have to be created rapidly, and no time must be lost. Riesenhuber does not want to have any research attempt fail because of lack of money, if the project shows promise of progress, even if possibly it does not satisfy the strict quality criteria of the German Society for Promotion of Research.

Since the current natural science/medical research has not achieved the quick success for AIDS therapy originally expected, the social and sexual sciences are to become increasingly involved. The Federal Ministry for Health notes that, in the FRG, the sexual sciences are particularly weak. With traditional methods, it is extraordinarily difficult to establish the sources of infection which occur in the area of intimacy. A new attempt is being made to gain an overview through telephone interviews.

There continues to be great uncertainty about the number of people infected with AIDS. Riesenhuber as well as Grossklaus, president of the Federal Health Office, refused to mention numbers. Only the number of victims is certain: so far, about 1,000 in the FRG, 500 of whom are still alive. There is also uncertainty about the speed with which AIDS is spreading. It is not known whether the number of cases doubles every 8 months as at present, or whether AIDS will spread more slowly after "exhaustion" of the high risk groups (homosexuals, dope-shooters, hemophiliacs).

The advisory group has at its disposal the facts and figures of AIDS research. So far, the Federal Ministry for Research and Technology has made available

approximately DM25 million for 50 projects. The research projects study the causes and origin of AIDS as well as possible immunization against the HIV AIDS virus, and attempts at therapy. In the short term, the chairman of the advisory group, Wagner, expects no experimental success in developing a vaccine, and particularly not in clinical testing.

An international study has shown that blocking the virus from multiplying can succeed; this lengthens the individual life span of victims, but does not cure the cause of AIDS.

In addition to the present focal points of virology and immunology supported by the Ministry for Research and Technology, new areas of AIDS research are to be opened up, particularly basic questions of the infection process and the body's own immune defense system. Priority must be given to the development of new attempts at therapy and prevention. But the Ministry for Research and Technology already sees some encouraging intermediate results, among them partial success in the production of a vaccine and the development of a detection procedure capable of indicating infection by the AIDS virus with greater speed and certainty than up to now.

9917
CSO: 5400/2465

GOVERNMENT REFUSES TO REVEAL NUMBER OF AIDS CASES

Luanda JORNAL DE ANGOLA in Portuguese 27 Mar 87 p 12

[Text] Guinean physician Celestino Costa stated in Bissau that the figures on the number of AIDS cases in Guinea Bissau provided by a certain foreign news service do not reflect reality, and that the Government is the only sure source of information, and is quite capable of representing its country's image overseas.

Celestino Costa, who spoke at a lecture organized by the Amilcar Cabral African Youth (JAAC), in response to the appeal put forth by the Government of Bissau on the fight against AIDS in that country, acknowledged the existence of the disease in Guinea Bissau, without, however, revealing the exact number of persons affected, claiming that before anything else, it is first necessary to perform a comprehensive study of the subject.

The AIDS cases are primarily caused by LAV-2 viruses, whose effects are less dangerous than the HIV-1 and HTLIV viruses common in Europe, America, Aisa and Central Africa, he said.

Referring to the case of Guinea Bissau in particular, and to Africa in general, Celestino Costa emphasized that the practices of circumcision, heterosexuality, medical treatments performed on the streets or in the slums by untrained physicians, and polygamy are the factors that could be at the root of the virus' transmission.

Speaking on the subject of AIDS on the African continent, Celestino Costa said that 19 countries from the region have already informed the World Health Organization (WHO) of 1,819 cases that have already been detected, which according to him represents progressive spreading of the disease and its threat to humanity.

With regard to the role of the WHO in combatting the spread of the disease in the world, the health official emphasized that that organization had developed highly visible programs calling the attention of the whole world to the adoption of measures designed to eliminate the disease.

In Guinea Bissau, the government has created a committee formed of national health authorities who work in strict collaboration with cooperating specialists, namely Portuguese trained in the field, with a view to combatting AIDS in the country, he said.

He added that a Swedish delegation is also in the country, for the purpose of collaborating with the Government of Guinea Bissau in the fight against AIDS.

13026/9835
CSO: 5400/158

BRIEFS

TYPHOID FEVER OUTBREAK--Guatemala City, 14 May (ACAN-EFE)--The Guatemalan Ministry of Public Health and Social Welfare is examining today the possibility of declaring a quarantine in a southeastern Guatemala where an outbreak of typhoid fever has been detected. According to the initial reports, the outbreak is in Barberena municipality, Santa Rosa Department. So far, more than 200 cases have been reported. Health Minister Carlos Armando Soto explained that the outbreak is a result of drinking contaminated water. Water purification systems have been malfunctioning "for several months." [Excerpts] [Panama City ACAN in Spanish 1735 GMT 14 May 87 PA] /12913

CSO: 5400/2053

CONDOM ADVICE OKAYED IN TELEVISED AIDS ADS

Hong Kong HONGKONG STANDARD in English 30 Apr 87 p 3

[Article by Seth Faison]

[Text]

ADVISING the use of condoms in televised public announcements on AIDS has been okayed by the Television and Entertaining Licensing Authority (TELA).

Meeting on Tuesday with members of the Committee on Education and Publicity on AIDS, Mr Harold Kwok, Commissioner of the TELA, agreed "in principle" to allow encouraging the use of condoms for "safe sex" practices.

At present, TELA does not allow commercial condom advertisements to be broadcast on television for fear that it would upset public sensibilities.

"We only talked about condoms in the context of our television API's (Announcements of Public Interest)," said Dr E.K. Yeoh, a Medical and Health Department consultant who is head of the committee. "Commercial advertising is a separate issue, which would only be considered later."

The use of condoms and other safe sex practices for prevention of AIDS will be the focus of the second phase of the Government's educational campaign on AIDS, to begin in June.

"Whether and how we actually discuss condom use on television API's will be decided by our committee's meeting next month. But now we have approval if that's what we decide to do," said Dr Yeoh.

Medical authorities on the committee will be consulted to advise on how and whether to include condom use in the publicity campaign.

"We also have to decide on whether using graphics is necessary or desirable," he said. "It's a matter of taste. We don't want to be too explicit, but we want to get our message across."

The first phase of the campaign began last week with television API's and wide distribution of information pamphlets in public places.

The campaign aims first at increasing awareness of AIDS (Acquired Immune Deficiency Syndrome), as a sexually-transmitted disease for which there is no known cure.

Chief Secretary David Ford yesterday defended the Government's approach to the campaign, which avoids the brash scare tactics used in Great Britain and Australia but discusses the sexually-transmitted disease in terms that are bold for the territory.

One advertisement says: "When a person has sex, they are not having sex with one partner but with everybody that partner has had sex with for the past seven years."

"I think the GIS has adopted a sensible approach and has given great care to the themes of the programme," he told reporters after the topping of Queen Mary Hospital in Pokfulam.

Mr Ford also said the Government will provide as much funding as is needed for the publicity campaign.

The Medical and Health Department already runs a counselling service that includes a telephone hotline and blood-test service.

Dr Yeoh yesterday emphasised that the blood-testing and counselling services go together, and that blood tests will generally not be given alone.

The service is run by highly-trained nurses and promises confidentiality for all who participate.

Dr Yeoh said the hotline is receiving over 100 calls a day, while about 10 people come in person for blood tests.

/9274
CSO: 5450/0133

GOALS OF TUBERCULOSIS CONTROL PROGRAM NOT MET

Bombay THE TIMES OF INDIA in English 23 Apr 87 p 4

[Text]

NEW DELHI, April 22: Dr U. K. Vishwakarma, chairman of the Tuberculosis Association of India and director-general of the health service, said here today that despite a scientifically-sound national tuberculosis control programme, the targets set had not yet been fulfilled.

Addressing the annual general meeting of the association, Dr Vishwakarma said there were 10 million active cases of tuberculosis in the country, of which 2.5 million were infectious. Half-a-million died of the disease every year. Every year there were 2.5 million fresh cases. This alarming situation existed despite the availability of anti-tuberculosis drugs.

The main problem was the early detection of the disease and prompt, judicious and adequate treatment.

The national programme envisaged integration of tuberculosis control with the general health services of the country and provision of facilities for case-finding and treatment in every nook and corner of the country. The programme has been implemented so far in 366 of the 425 districts in the country. In addition, there are 300 T.B. clinics and 35,800 beds for T.B. patients. Door-to-door detection drive has begun in rural areas, he said.

In the seventh plan, Rs. 55 crores has been set aside for the T.B. control programme as against Rs. 20 crores in the sixth plan. The short regimen with rifampicin and pyrazinamide undertaken in 18 districts in the sixth plan was now being introduced in a phased manner in 26 districts.

Mr S. Ranganathan, president of the association, spoke of the tardy progress of the national tuberculosis control programme. The programme could succeed only when there was community participation in it, he said.

Dr Ranganathan said a new health education programme with particular stress on T.B. control had been mooted by the association. The Rs. 120-lakh scheme, which Dr Ranganathan was confident would finally help eradicate T.B. had been with the government for the last 15 months.

The main thrust of the proposed new programme was to motivate the rural community as well as community leaders in diagnosing, treating and actively participating in the prevention drive.

/9274
CSO: 5450/0143

BRIEFS

LIVER DISEASE CENTER--Hyderabad, 29 Apr (UNI)--The country's first liver cell transfusion therapy (LCTT) centre for treatment of chronic liver diseases has been established at the Osmania hospital here. Dr C. M. Habibullah, head of the gastroenterology department and principal investigator of the project, told newsmen today that the Indian Council of Medical Research (ICMR) had selected the city hospital for setting up the centre under the Indo-Soviet health agreement. He said the LCTT technique, developed by Soviet scientists was quite encouraging. Dr Loginov and Dr Bruslik of the Central Institute of Gastroenterology, Moscow, who were also present, said they had conducted clinical trials in 140 patients and obtained very good results in 80 percent of them. Dr Habibullah said under the new technique, liver cells were obtained from foetuses, dogs and pigs and transfused into the patient either by sub-cutaneous infusions, peritoneal dialysis or haemodialysis. The therapy was aimed at supporting the patient during the most critical period when the damaged liver spontaneously recovered. He said the centre had successfully used the LCTT technique in the treatment of two patients by using liver cells of dogs, on an average two cases of heptic coma were being treated daily in the hospital. He said conventional methods of treating hepatic coma had had "near dismal" results. [Text] [Bombay THE TIMES OF INDIA in English 30 Apr 87 p 3] /9274

CSO: 5450/0144

BRIEFS

CHOLERA KILLS 10 VILLAGERS--Cholera has killed 10 people in two villages in Bekasi District, West Java. The chief of the Bekasi Public Health center said 282 others are being treated at the center and three hospitals in the province. [Summary] [Jakarta MERDEKA in Indonesian 28 Apr 87 p 1 BK] /9274

CSO: 5400/4372

GOVERNMENT HEALTH SPENDING CUTS BRINGING HOSPITAL CLOSURES

Dublin IRISH INDEPENDENT in English 8 May 87 p 1

[Text]

GOVERNMENT cutbacks on health expenditure continued yesterday when it was announced that five hospitals in the South-East are to shut down.

The health cuts also involve a virtual closure of Merlin Park Regional Hospital in Galway City and the winding down of services at Roscommon Co. Hospital.

Western Health Board members will be told at a special budget meeting next Monday, of plans to slash temporary staff numbers in all Health Board institutions, massive across-the-board budget reductions and restrictions in nurse training.

Community leaders joined staff members of James Connolly Memorial Hospital, Blanchardstown, Dublin, in a march protesting at the cutbacks.

The hospital operated on emergency cover for two hours and traffic was diverted as more than 500 people took part in the march.

The hospitals earmarked for closure are Brownswood, Co. Wexford; Bagenalstown, Co. Carlow; Lismore, Co. Waterford; Kilkenny Auxiliary Hospital, and Tipperary Town Hospital, with a loss of 136 jobs, and an estimated saving of £1.8 million.

Government plans to cut health expenditure may mean that high income earners may have to pay more for their medicines, according to the Minister for Health, Dr. Rory O'Hanlon.

In an interview with the *Irish Independent*, the Minister indicated that this is one of the options being considered by the Department in its overall plans to make savings in the health service.

The Department of Health has instructed the Health Boards to make savings of over £3 million in the community drugs refund schemes. At present, anyone who spends more than £28 per month on medicines can seek a refund from the local health board, but this provision is now set to change.

The Government is also looking at the present arrangements with the drugs industry in an effort to reduce the high cost of medicines, according to the Minister.

Cutbacks in the health service are necessary because of the overspending that went on in the last administration, according to the Minister. In the health boards alone, overspending of £55 million occurred.

"Every other country in Europe has had to cut health spending", said the Minister, and in Ireland we have more acute hospital beds per head of population than any other European country.

A call from Opposition Health spokesman Bernard Allen for a special debate on the ever deepening crisis in the health services was rejected by the Taoiseach in the Dail.

Mr. Haughey said that the budgetary provisions in relation to these services had been adequately debated already. When Mr. Allen persisted in trying to raise the issue, Mr. Haughey said that Mr. Allen was refusing to stand up to the implications of the decisions taken by Fine Gael when in government.

/9317
CSO: 5440/105

HALF OF HEMOPHILIACS CARRY AIDS

Jerusalem THE JERUSALEM POST in English 10 May 87 p 4

[Article by Lea Levavi]

[Text]

TEL AVIV. – Half of Israel's 300 hemophiliacs carry Aids antibodies, though this does not necessarily mean they will contract, or even transmit, Aids to others.

So said Prof. Dan Michaely, former director-general of the Ministry of Health, at Tel Aviv University's Sakhler Medical School last Wednesday, before introducing guest lecturer Prof. Warren Wacker, director of health services at Harvard University, who spoke on "Confronting Aids in the university community."

Michaely said there have been 40 confirmed Aids cases in Israel – a quarter of whom were visitors to the country. Some of those patients have already died. Since screening blood samples became routine (the risk factor to hemophiliacs was especially high before screening began), only 1 Lout of 150,000 blood samples have checked positive for the virus. These figures are, proportionately, similar to those in European countries, he said. "We have been trying to play (the issue) down, since, although no therapy is available as yet, there is still no need to cause panic."

Wacker agreed that hysteria would help nobody, but said people must be made aware of the fact that Aids does not only pose a danger to homosexuals, blood transfusion recipients, or drug addicts who share needles. Transmission of the disease among heterosexuals is rising, he said.

To date, Wacker said, eight cases of Aids had been diagnosed at Harvard, out of a university population of 32,000. All were over the age of 25 – older graduate students or staff – and all are now dead.

"The real problem isn't the university population," he said. "For example, smoking is less prevalent among college students than the general population – and figures get lower the more prestigious the college. I believe it will be the same with Aids: the challenge is to get down into the lower strata of the population."

The sexual revolution in the U.S. is over, he said. "Aids has done more for sexual purity than all the preachers who have ever lived." He hopes, however, that there will now be a revolution in sex education, beginning in elementary schools, so that youngsters will learn to be aware, but not afraid.

/9274
CSO: 5400/4521

BRIEFS

CHOLERA EPIDEMIC--Seventeen cholera victims admitted to Mogotio Health Centre in Nakuru were discharged yesterday after treatment. The Nakuru District Medical Officer, Dr Cleophas Maundu, told the Press yesterday at Mogotio that 24 patients were still at the centre. Forty-one people had been admitted to the centre yesterday up from 33 on Monday. Dr Maundu said only a few people were going to the centre indicating that the deadly disease was being contained. He said that village health committees had been formed to educate the local people on preventive measures. The doctor thanked the provincial administration for providing vehicles and personnel to take medical teams to the affected area. Public food handlers were screened at the centre yesterday and all food premises in the area remained closed. The area Chief Paul Labott warned fish mongers that those found hawking would be prosecuted. He said he was happy with the response of the local people in heeding medical advice. The conditions of the 12 confirmed cases admitted to Nakuru's Provincial General Hospital last Thursday was unknown. A secretary in the office of the hospital superintendent, Dr Laban Kiptui, said that the doctor was away on safari. Other hospital officials declined to comment on the cholera. [Text] [Nairobi DAILY NATION in English 6 May 87 p 3] /9317

CSO: 5400/12

SEMINAR PLANS COMMUNICABLE DISEASE TRACKING

Antananarivo MADAGASCAR MATIN in French 30 Jan 87 pp 1, 6

[Excerpts] The seminar on "Epidemiological Surveillance Watch Posts," organized jointly by the Health Ministry and the World Health Organization, is currently being held in the auditorium of the Social Hygiene Institute. It began on Monday, 26 January 1987, and is scheduled to end today.

Here are the seminar's objectives:

1. To motivate watch station chiefs by directing their attention to the anticipated importance of the "Creation of Epidemiological Surveillance Watch Posts" Project and their contribution to that project.

2. To remind them of or to inculcate in them some simple but precise notions to enable them:

Properly to diagnose the diseases to be watched because it is not enough to collect data; these data must also be as credible as possible;

To collect, transmit, interpret, and use these data because these watch stations should be the first links of the epidemiological and prevention study centers.

The "Creation of Epidemiological Surveillance Watch Posts" Project is a subprogram of the "Development of the Health System MAD/HST/001" Project which is financially supported by the World Health Organization. This project, whose cost comes to $20,000, comprises three aspects:

Training and retraining of personnel (this being the object of the current seminar);

Supply of logistic and office equipment;

Supply of technical material and office furniture.

The watch stations were selected from among the health units which meet the following conditions:

Very fast connection with the Communicable Disease Fight Service (Antananarivo);

Epidemiological interest;

Motivated personnel (medical and paramedical);

Existence of at least one laboratory.

There are 12 of them and they are located in the following places:

Ankazobe, Ambovombe-center, Soavinandriana-Itassy, Maevatanana, Mandritsara, Andapa, Morondava, Manakare, Brickaville, Sainte-Marie, Bekily, and finally, the Social Health Institute for the capital.

In his opening address to this seminar, Professor Andrianaivo Paul gave the following definition of the epidemiological surveillance watch station:

"This is a health unit run by a physician, always administratively and technically under a medical district; but it will be equipped with adequate resources to enable it regularly and in the most correct possible manner to supply the Communicable Disease Fight Service with epidemiologically data concerning diseases covered by national fighting programs or by special national or international surveillance."

Watch Stations

The data obtained at the 12 watch stations will make it possible to conduct studies of epidemiological situations in the various regions of the Island and for the country as a whole because the main purpose of this program is at all times to have reliable data permitting the preparation of competent studies on epidemiological situations involving communicable diseases in the various parts of the Island.

List of Diseases Subject to Special Surveillance

1. Throughout the country:

New cases of tuberculosis, leprosy; all cases of the plague; all serious forms of malaria; epidemic diseases, such as rabies, yellow fever, cholera, typhoid fever, anthrax, diphtheria, polio, tetanus.

2. In the new foci or in epidemiological surveillance zones only:

Urinary and intestinal schistosomiasis; outbreaks of malaria, sexually transmitted diseases, whooping cough, measles.

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CSO: 5400/102

EPIDEMIC WATCH CENTERS TO BE SET UP

Antananarivo MADAGASCAR MATIN in French 31 Jan 87 pp 1, 6

[Excerpts] Will the establishment of PSSE (Epidemiological Surveillance Watch Posts) be the best way to keep close tabs on and to fight against communicable diseases? Certainly yes, at least leading officials in the Health Ministry are deeply convinced of that. They are not the only ones; they are joined by officials at the WHO.

This conviction was expressed specifically by a seminar held at the Social Hygiene Institute on the subject of these "PSSE"; the seminar was attended by several physicians and paramedical specialists; it ended yesterday afternoon.

The 24 participants in this seminar took leave of each other with the firm intention of contributing, with the means at their disposal, to the promotion of public health so that by the year 2000 the slogan "Health for All" will become reality and will no longer be in the realm of utopia.

We remember that the establishment of the PSSE involves a subprogram of the Health System Development Project MAD/HST/001 which is supported financially by the WHO.

At the end of this seminar, the first stage of this subproject will be to set up 12 PSSE in the 12 Firaisana of the Island especially selected because of their easy access and connection with the Communicable Disease Fight Service; the job of these 12 PSSE will be periodically to supply the data necessary for the purpose of watching the development of diseases covered by a national program.

The establishment of these 12 PSSE is only the first step in a long-range effort which should lead to the creation of one PSSE in all of the Firaisana of the Island which will of course be an integral part of the traditional health units.

In order not to become entangled in the entirely too unforeseeable uncertainties of an empirical experiment, the participants used this seminar to perfect the project which in the beginning is to run until 1995 and to take a look at the simple and practical means and techniques that would enable them to promote it with the greatest possible chance of success.

5058
CSO: 5400/102

ARTICLE DENIES AIDS IN MADAGASCAR

Antananarivo MADAGASCAR MATIN in French 24 Jan 87 pp 1, 2

[Text] So far, no case of AIDS has been detected in Madagascar. We have this statement from a very good source that denies a report recently published in the newspaper LE MONDE which printed a map of AIDS in Africa where Madagascar was shown as having reported cases of this disease to the WHO. The WHO mission in Madagascar furthermore also denied this statement. It is not impossible, the source indicated, that the disease was spread to his country of origin by a Malagasy national, in France, who has AIDS. A Malagasy citizen, struck by the same disease, was also reported in Mauritania.

The absence of AIDS in Madagascar had been evidenced last year during an initial epidemiological survey, confined to the region of Antananarivo, and entrusted to the Pasteur Institute and the Social Hygiene Institute by the Health Ministry from December 1985 until March 1986. This survey, to tell the truth, covered only 178 persons in population groups particularly exposed to the risk of transmission. These groups in Madagascar--we read in the ANNALES DE VIROLOGIE of the Pasteur Institute, published in Paris, are essentially the subjects who are exposed to transmission through heterosexual and homosexual channels. The other categories at risk as a matter of fact are represented to a very minor extent and include drug addiction and multiple blood transfusions. The survey covered 42 homosexuals, 74 heterosexuals with multiple partners, 58 prostitutes, and 4 cases presenting Kaposi's sarcoma. The sample of 178 persons came essentially from the Dermatology and Venereology Service of the IHS [Social Hygiene Institute] and the Antanimora Rest Home.

The second epidemiological survey, covering a larger number of persons at risk and conducted above all in regions other than Antananarivo--particularly the ports--is to be launched soon. If it were to confirm the absence of AIDS in Madagascar, one cannot rule out the possibilities that the authorities might take health protection measures at the borders to prevent the disease from being brought in.

The only case actually reported at this time was brought in. A tourist had the unpleasant surprise of being picked up as he got off the airplane and being "put under glass," as it were. The laboratory where, prior to his trip, he had taken a test--whose results he did not know--had reported to a private physician in Antananarivo that the subject was "serum-positive" and thus liable to transmit the virus.

5058
CSO: 5400/102

BRIEFS

PERLIS REPORTS CHOLERA CASE--Perlis State Deputy Director of Medical Services Datuk Dr Abdullah Abdul Rahman said Perlis is the fourth state to be affected by cholera besides Kedah, Kelantan and Terengganu. Datuk Dr Abdullah said one case was reported today while two others were reported in Kedah and another in Terengganu. None was reported in Kelantan. According to Dr Abdullah, health officers from those affected states have been directed to collect water samples throughout the states and also to chlorinate water in wells. [Summary] [Kuala Lumpur Domestic Service in English 1130 GMT 16 May 87 BK]

/9716
CSO: 5400/4369

VACCINATION CAMPAIGNS ADVANCE IN SEVERAL PROVINCES

Good Results in Pemba

Maputo NOTICIAS in Portuguese 14 Apr 87 p 3

[Article by Rogerio Sitoe]

[Text] The Expanded Vaccination Program (PAV) is achieving satisfactory indices in the city of Pemba, in Cabo Delgado, with 100 percent of the target population group having been inoculated with BCG vaccine. Antonio Amisse, who is in charge of the PAV, told our reporters a few days ago that the participation of the Organization of Mozambique Women (OMM) has been a decisive factor in the success achieved. This organization has worked to get pregnant women to appear at the health centers.

The other vaccines administered on levels regarded as satisfactory, although the campaign is still under way, included measles (89 percent) and DPT (70 percent).

At a meeting held at the Pemba Provincial Hospital in connection with World Health Day on 7 April, which this year has the theme "Vaccination, an Opportunity for All Children," Antonio Amisse said that 1987 will be a landmark year for community health in the province, because at least for the capital of the province, plans call for reaching the highest rate of coverage in the past 3 years.

This official said that this is basically possible because of the greater mobilization effort and more dynamic attitude on the part of the health authorities in connection with vaccination.

"In fact, the activity and effort of the health professionals assigned to the permanent vaccination centers has been worthy of praise," Antonio Amisse emphasized.

By way of example, our interlocutor provided some figures showing the increase in vaccination coverage in the city of Pemba. He stressed that in the first quarter of this year, 654 children were inoculated with BCG, as compared to 466 in that same portion of 1984.

With regard to measles, there were 3,507 children to be vaccinated in 1985, and 305 had been covered during the first quarter. In the comparable period this year, 1,021 children out of the 5,250 in the target group had already been inoculated.

In 1986, 396 children out of the total [illegible number] received the DPT and polio vaccines in the first 3 months of the year. In 1987 502 were inoculated during the comparable period.

Decisive Role of the OMM

While a certain aggressive approach has been noted in the course of the PAV, with the introduction of new working methods and efficiency on the part of the health authorities in Cabo Delgado, the role played by the OMM has been truly important, according to Antonio Amisse.

In fact, the OMM in particular and other bodies in general spared no effort in mobilizing pregnant women to present themselves for vaccination at the health posts, our source said.

"For example, the brigade in the Eduardo Mondlane district established that the majority of the pregnant women had already had their doses of vaccine, and that out of the 44 immunized during this campaign, one had already received the first dose and others the second. In that same district, 72 of the 160 children who came to the center have now had complete doses," the PAV official emphasized.

He said that this situation has been seen in almost all the districts and population groups covered by the campaign.

In conclusion, our source said that to a certain extent, the accelerated vaccination campaign in Cabo Delgado came at a good time, because a substantial part of the local population needed only one or two additional doses to complete their immunization.

Health Minister Speaks in Lichinga

Maputo NOTICIAS in Portuguese 22 Apr 87 p 1

[Text] Minister of Health Fernando Vaz recently announced in the city of Lichinga, in Niassa, that his ministry plans to make a great effort to vaccinate the entire population of Mozambique, above all children under 2 years of age.

Minister Vaz spoke in the Estacao district in Lichinga, where ceremonies were held in honor of World Health Day, which was celebrated last 7 April.

He said that vaccination is the task of all of us and the obligation of each individual. For this reason, all mothers should take their children to the vaccination posts.

After emphasizing that vaccinations are very important to the health of the people, Minister Vaz reported that in our country, unfortunately, one child out of every 10 born dies of measles, although this disease can be prevented with a vaccine.

At the ceremony, in which Governor of Niassa Julio N'Tchola also participated, the minister of health launched the vaccination program being sponsored by the health structures in that province, which pertains basically to infants 23 months of age and under.

A health official told our reporters that this program will be carried out in the provincial capital of Niassa on four fronts--in the districts of Massenger, Mitava, and Lulimile and at the health center in the city of Lichinga.

The minister of health visited the province at the head of a delegation appointed by the Council of Ministers of our country to direct the study and popularization of the Economic Recovery Program (PRE).

Speaking specifically about the PRE, Minister Fernando Vaz said that it is designed basically to sustain the declining curve of the national economy in order subsequently to bring it up again.

He emphasized that our economy today is characterized by inefficiency, lack of productivity, graft and speculation--all situations which are rather worrisome to any honest and conscientious citizen.

This government official said that each one of us must be committed to the implementation of this program, because "Miracles do not fall from the heavens. It is we who must work miracles here on earth, through our work and dedication."

The minister of health, who said that our entire country is ailing because of the actions of the armed bandits and natural disasters, emphasized that the PRE demands great patriotism.

"The great battles, even when resources are limited, are won by patriotism, and being patriotic in this connection is the basic condition for winning this war, not only the economic war, but the military war as well," the minister of health said.

Manzir Program Launched

Maputo NOTICIAS in Portuguese 22 Apr 87 p 1

[Text] The Expanded Vaccination Program began this month in the communal district of Manzir, in the locality of Magul, in Gaza.

The ceremony to inaugurate this campaign was held during the commemoration of Mozambican Womens' Day and World Health Day.

The first secretary of the party and administrator of Bilene-Macia, Eugenio Numaio, vaccinated the first child, thus initiating the Expanded Vaccination Program, as shown in the photograph.

Women, Children Vaccinated in Balama

Maputo NOTICIAS in Portuguese 24 Apr 87 p 3

[Text] A district health brigade visited the Nacaca communal settlement in the district of Balama, in Cabo Delgado, to vaccinate pregnant women and children under 4 years of age against measles and tuberculosis.

Joao Andre, the head of the brigade, mobilized the residents of the settlement to participate in the vaccination program and in prenatal consultations.

The secretary of the first district in the settlement, Selemane Rinquenque, said that many children of school age are suffering from schistosomiasis, constipation, sores and diarrhea.

5157
CSO:5400/176

FIRST ROUND OF PEMBA VACCINATION CAMPAIGN SUCCESSFUL

Maputo NOTICIAS in Portuguese 14 May 87 p 3

/Text/ The first contact with the population groups included in the accelerated vaccination campaign in the city of Pemba will end successfully this week. In fact, according to information verified by our reporters, the campaign began vaccinating in the cement neighborhood /sic/ on Saturday. This will mark the end of the campaign's first round, which included eight suburban neighborhoods and the green zones of Mieze.

The statistics containing all the systematized data concerning the first round of the accelerated vaccination campaign are now being readied at the provincial board of health. But, according to Antonio Amisse, who is the head of the community health sector, it is already known that the goal of 97 percent coverage in measles vaccines and 100 percent in BCG vaccines was reached.

Antonio Amisse said that this campaign was well-timed and that it proved that there were many children at risk of not being immunized in multiple doses, because they were short one dose. Thanks to the effective mobilization, dozens of children in circumstances such as those described by the head of the community health sector showed up in all the neighborhoods included in the campaign.

According to data furnished by this official, a total of 323 children were immunized with DTP and polio vaccines. The greatest number was recorded in the Gingone neighborhood, where 58 children showed up, and the smallest number in Mieze, with 15 children. The local health authorities believe that in the next round, children will show up in identical circumstances, and that the goal of 80 percent coverage stipulated for this campaign will certainly be met.

The green zones of Mieze were not initially expected to be included in the program. However, due to the great migratory movement at this agricultural time of the year, the need to be

included became apparent. In Nieze, 23 pregnant women and 67 children were vaccinated against measles.

Meanwhile, toward the end of last week, meetings took place between the political and administrative authorities and the health authorities to work out details related to vaccinations. Widespread participation by the affected population groups is expected, along with a strong mobilization effort on the part of the OMM /Organization of Mozambique Women/.

9895
CSO: 5400/182

AUTHORITIES CONCERNED ABOUT MALARIA INCREASE

Maputo NOTICIAS in Portuguese 30 Apr 87 p 8

/Text/ AIM /Mozambique Information Agency/ found out on Tuesday /28 April/ that Mozambique's health authorities are becoming very worried about the increase in the death rate due to malaria. According to a source in the Ministry of Health, a death rate due to malaria of 1.3 percent was recorded among cases admitted to hospitals in the provinces of Maputo, Gaza, Inhambane, and Tete. The same source added that the death rate in 1986 was 3 percent, likewise among the cases admitted during the first half of the year in the provinces of Maputo, Inhambane, and Nampula. This source stressed that it may be true that "we are in a year of more malaria in Mozambique because of a lot of stagnant water and insufficient means to fight mosquitoes," which are the transmitters of the disease. He went on to say that, during the month of January 1987, seven children from 1 to 4 years old died in the pediatric unit of Maputo Central Hospital, and data for the months of February, March, and April have not yet been processed.

In 1986, malaria claimed the lives of 36 children in the pediatric unit of Maputo Central Hospital, while in 1985 the number of deaths was 111 children.

As our source pointed out, in 1985-86, the ministry of health launched a mosquito-spraying campaign in the cities of Maputo, Moatize, and the town of Chokwe. He added that "at this time, emphasis is being given to the workers who clean the drainage canals and to the application of chemicals that kill the mosquito larvae in certain places in Maputo that have stagnant water."

9895
CSO: 5400/182

BRIEFS

VACCINATION AWARENESS FOR BELITA WORKERS--A brigade comprised of health authorities and representatives of the OMM [Organization of Mozambican Women] have worked for days at the Belita Candy Factory to explain to workers the importance of vaccinations. The brigade has already worked in the Food Plant and the Mobeira Company. Americo Assane, chief physician of the city, told Radio Mozambique that this action has resulted from an agreement signed by the Organization of Mozambican Women and the health authorities, during the April 7 commemorations this year, under the theme "Vaccination, an Opportunity for Every Child." He added that the health authorities plan to carry out a program with the objective of extending the lecture series to various companies. [Maputo NOTICIAS in Portuguese 10 Apr 87 p 3] 13026/9835

VACCINATION CAMPAIGN IN DONDO--A vaccination campaign for children up to 5 months old and pregnant women is taking place in the Dondo district in Sofala province. The campaign falls within the celebrations of the Day of Mozambican Women and World Health Day, which were signed into law last April 7. Augosta de Sousa, District Secretary of the OMM in Dondo, who provided this information to the reporter, said that to commemorate April 7, the women of Dondo would become involved with cleaning the village and rehabilitating the Children's Center. [Maputo NOTICIAS in Portuguese 10 Apr 87 p 3] 13026/9835

NAMPULA VACCINATION CAMPAIGN UNDERWAY--The accelerated vaccination program, which began last February and includes children ranging in age from newborns to 9-month-olds, is continuing at quite a satisfactory pace in the provincial capital of Nampula. At this time, door-to-door mobilization is taking place, to be followed by vaccinations at previously designated health centers. According to information gathered by our reporters at the Preventive Medicine and Medical Examination Center in Nampula, although the program is progressing normally, some authorities involved in it are lacking the motivation required to assume the objectives and the importance of this undertaking with no reservations. The same source further stated that the participation at the health centers by mothers who have children in this age group has been generally satisfactory. However, there has been the need for the political and administrative authorities in the neighborhoods to carry out a more wide-ranging task of mobilizing the population in order to keep up with the established timetable. /Text/ /Maputo NOTICIAS in Portuguese 15 May 87 p 3/ 9895
CSO: 5400/182

EXPOSURE OF HEMOPHILIACS TO AIDS THROUGH TRANSFUSIONS

Amsterdam DE TELEGRAAF in Dutch 28 Mar 87 p 29

[Report by Frits Gonggrijp: "Much Less AIDS among Dutch Hemophiliacs; Technical Gap Limited the Catastrophe in Our Country"; first paragraph is VOLKSKRANT introduction.]

[Text] Amsterdam, Saturday--Because the blood-coagulating albumin which is so important for hemophiliacs must still be very laboriously extracted from very large combined quantities of blood plasma, it was possible for a relatively small number of AIDS-carrying donors to contaminate a great many sufferers of this hereditary blood disease through that blood product (Factor VIII).

During the period before one was able to test all donors for AIDS antibodies, possible because of the work of Luc Montaignier and Robert Gallo who identified the virus in 1985-86, a disaster occurred to many hemophilia patients. But there appear to be enormous differences between countries, whereby our country on balance turns out to be very good, thanks to . . . a technical gap!

In the United States, 60 to 70 percent of the hemophiliacs have become contaminated. In the Federal Republic of Germany it turned out that 50 percent, that is to say 3000 of the 6000 hemophiliacs, had become AIDS seropositive through the Factor VIII which had been imported for them on a large scale from the United States. On the basis of legislation enacted mount to approximately 100,000 guilders.

State Secretary Dees said on Saturday that it is generally agreed that the policy so far pursued with respect to AIDS has been wise. "At least I heard no criticism of it in the heterogeneous company which was gathered here."

The time has come however, according to Dees, "to change the policy on a number of points." The state secretary announced that the department of WVC will take on more responsibility for the policy, so that the national AIDS policy coordination team, which has been preparing the policy during the past 3 years, will have its hands free to take care of carrying it out.

The state secretary said further that no arguments had been brought up at the meeting in favor of establishing freedom-restricting or coercive measures for any group whatsoever in fighting the further spreading of the AIDS virus. "But," said Dees, "the problem is so very serious that it would not be correct to exclude coercive measures in advance. On condition, however, that such measures clearly contribute to the prevention of further spreading of the virus.

Dees said once again on Saturday that there was no proposal by the WVC to require testing for antibodies against the AIDS virus of those who seek asylum. His department is not working on such a proposal either. "Such a measure doesn't offer great advantages in the framework of fighting AIDS," Dees said on Saturday.

He reacted with some hesitation to the proposal to supply free heroin to heroin-using prostitutes contaminated with the AIDS virus, in order that they no longer have to ply their trade to get money. "I wonder if that contributes to a solution. But if it can be proven that such a measure can be effective, I don't want to exclude it in advance," said Dees.

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CSO: 5400/2447

3220 AIDS PATIENTS EXPECTED BY 1990

Amsterdam DE VOLKSKRANT 23 Mar 87 p 1

[Report: "Costs for AIDS Patients Estimated at 200 Million"]

[Text] Bilthoven--State Secretary for Public Health Dees wants to send the Second Chamber a new policy note on AIDS "if possible even before the summer recess." The note will be accompanied by an estimate of the costs involved in the coming years with the medical care of AIDS patients. It is expected that the Netherlands will have 3200 AIDS patients by 1990 and that by that time roughly 200 million guilders per years will have to be spent on medical and psychiatric care for the patients.

"The AIDS problem carries a gigantic price tag. The department of WVC [Welfare, Health and Culture] cannot finance that from its own budget," Dees said on Saturday in Bilthoven after a closed conference on the future government policy with respect to AIDS. In the Netherlands over 200 AIDS patients have been registered so far, and an estimated 10,000 to 20,000 Netherlanders are contaminated with the AIDS virus.

At the conference, which was attended by AIDS experts as well as representatives of the health insurance companies, figures were submitted for the first time on the burden that AIDS will put on health care in the coming years. It is expected that 250 hospital beds will have to be reserved for AIDS patients in 1990. Treatment costs of an AIDS patients amount to approximately 100,000 guilders.

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CSO: 5400/2447

PROGNOSIS OF 4500 AIDS PATIENTS IN 1991

State Secretary Presents Campaign

Rotterdam NRC HANDELSBLAD in Dutch 15 Apr 87 p 5

[Report: "Number of AIDS Patients Risen to 4500 in 1991; Expectation Higher than Previous Estimates"]

[Text] The Hague, 15 April--The number of AIDS patients in the Netherlands will have increased to 4500 on 1 January 1991. This most recent prognosis of the department of WVC [Welfare, Health and Culture] is higher than the earlier estimate of 3200 AIDS patients in 1990. On 1 April, 260 persons were registered with AIDS.

State Secretary Dees, in charge of public health, announced the new number yesterday at the presentation of the nationwide educational campaign on AIDS. According to the government official, this rising number of AIDS patients and seropositives (people who are carrying the virus and are in danger of contracting the disease--estimated at 150,000 by 1991) proves that education is indicated for the entire population.

The campaign, which started yesterday and will last 3 months, is considerably less aggressive than examples abroad. Where the British government warns its citizens with threatening images of falling tombstones, the Dutch TV spot shows a bee flying from flower to flower and ultimately collapsing. In the Netherlands a "softer" approach was opted for right from the beginning, in order to prevent feelings of fear and panic.

The goal of the public campaign is to increase knowledge on AIDS among the entire population with objective, factual information, and to influence the sexual behavior of primarily heterosexuals with changing contacts. In four different newspaper ads and in the educational brochure, 2 million of which are being distributed through, amongst other means, libraries, post offices, general practitioners and hospitals, the use of the condom is recommended.

State Secretary Dees called the campaign "an appeal to one's own responsibility." "The person who doesn't consider himself addressed, should not feel offended, and he whom it does concern ought to consider himself addressed," as the government official described the intention of the

campaign. The government education on AIDS has reached "a higher acceleration" with this, thinks Dees. Since 1985, prevention and education have been primarily directed at risk groups (homosexuals, heroin-using prostitutes and their customers, blood donors) and professional groups in health care. Not all risk groups have been adequately reached, however. Moreover the spreading of the AIDS virus among heterosexuals justifies an educational campaign which reaches the entire public, according to Dees.

The government official concludes from the first scientific investigations that knowledge on AIDS is already fairly high within the population. The attitude toward the use of condoms is often still negative. Education among homosexuals yields results: risky sexual behavior is being curbed. For the difficult to reach group of heroin-using prostitutes and their customers an "intensive approach" is necessary, according to Dees.

The costs of this campaign--5.5 million guilders--are a mere trifle compared to the amounts which will be needed for the "tackling of the AIDS problem in the coming years. For a "good policy," including education and prevention, research, medical treatment and psycho-social care, 200 to 225 million guilders will be necessary by 1990 according to the state secretary. During the coming weeks Dees will deliberate with Minister Ruding (Finance) on the question of where that money is to come from.

The campaign, which was aided yesterday by a television evening on AIDS, will be followed up after 3 months by an action to encourage a change in sexual behavior. The approaching of separate groups is being continued. Next month, for example, a workbook on AIDS will appear for students in secondary education; for the time being, 80,000 copies will be available.

The special AIDS-information line, which could be reached during the television program, was called by 900 people last night. Most of the questions came from heterosexuals. The topic of interest was primarily the transmission of the virus.

Analysis of Figures

Rotterdam NRC HANDELSBLAD in Dutch 17 Apr 87 p 2

(Report by E.J. Boer: "Prognosis of Numbers of AIDS Patients Relative")

(Excerpt) Amsterdam, 17 April--State Secretary Dees, at his press conference on the AIDS campaign earlier this week, mentioned the number 4500 as the probable number of AIDS patients with which the Netherlands will begin the year 1991. That number was higher than originally expected, namely 3,200, and various papers reported therefore that the government official had made "somber predictions."

Numbers readily start to live a life of their own, yet they often are fictitious. For AIDS that is certainly true. First of all it is not true that the Netherlands will have 4500 AIDS patients in the year 1990, for whether the prognosis is right or wrong, it is always a matter of a cumulative number. The counting started with the first AIDS patients in our

country, and that is already a number of years ago. In 1990 about 60 percent of the patients will have died, a percentage which increases to the extent that the increase in the total number becomes more tragic.

The prediction itself is based on a rule of thumb which has been used for a considerable period of time already, namely that the cumulative total number of patients (thus not those who are contaminated, but those who are diseased) doubles every 10 months. If on the basis of 218 patients on 1 January 1987 one calculates where such a doubling every 10 months would lead, we arrive at 6280 patients at the end of the year 1990, which is even "more somber" than the 4500 of State Secretary Dees.

How does Dees arrive at that number? Is the doubling every 10 months no longer valid, or did he get it out of the air? Dees gets his data from the RIVM, the Government Institute for Public Health and Environment in Bilthoven, where the status is carefully kept current at the Bureau of Epidemiology and where prognoses are drawn up.

According to Professor Dr E.J. Ruitenberg of the RIVM, the doubling period is not exactly 10 months--it would indeed be a great coincidence if it were such a neat, round number of months--but it has become somewhat longer, which is only favorable. Actually it would be better to speak about weeks rather than months, for example 44 or 45 weeks for a doubling.

In Bilthoven a table was cautiously drafted which extrapolates the number of new patients for every 6 months. And then the following numbers are arrived at:

As of 1 Jan.'87: total 218 patients

--first half year of 1987: 129 new patients (total 347)

--second half year of 1987: 200 new patients (total 547)

--first half year 1988: 311 new patients (total 591)

--second half year 1988: 482 new patients (total 1340)

--first half year 1989: 748 new patients (total 1088)

--second half year 1989: 1161 new patients (total 3249)

Bilthoven doesn't go any further, so Dees' 4500 are indeed taken out of the air. For that matter, it is a conservative guess. For if we have 3249 patients at the end of 1989, then 10 months later, on 1 November 1990, we are double that: 6498, and at the end of that year we will even be close to 7000, a record in somberness which the state secretary probably was afraid to express.

Improbable

Is it sensible to calculate in that manner? If we try to indicate the seriousness of the epidemic, yes, for in this manner we see how rapidly the disease spreads in a short time. But if we keep on calculating to and through the infamous year 2000, thus to 1 January 2001--for that's when our new century starts--then this reasoning gets us into trouble: improbable figures will appear. Ten years is 120 months or twelve doublings, and that brings us to 26.6 million patients. That seems a little on the high side.

The curve will level off to the extent the risk groups "get used up" or to the extent the risk behavior is abandoned.

It is also good to realize that the majority of the new patients of the coming years is already contaminated now. Educations or condoms won't help here any longer. The incubation period, the time elapsed between the moment of contamination and the breaking out of the disease, varies--as far as is known--from 6 months to over 6 years; the average which was determined in a study in San Francisco was set at 45 months, while an even longer period is being taken into account.

The model thus is viable for only a few years; afterward the changed behavior, resulting from information and educational campaigns, will influence the situation. Therefore the model of the RIVM is more attractive: every half year a certain number of patients is added, and as soon as that number deviates considerably from the half-year predictions, the mathematical model and prognosis can be adjusted. And, in any event, one should not think too far in advance.

8700
CSO: [illegible]

HOSPITAL-RELATED INFECTIONS INCREASING

[Publication] BARRICADA in Spanish 2 Apr 87 pp 1, 7

[Text] An increase in hospital-related infections and a noticeable decline in patient health are the main effects of the hygiene and cleanliness problem in hospitals.

Dr. Guillermo Pastrana Davila, director of the Antonio Lenin Fonseca Specialized Hospital, said to BARRICADA this.

He explained that this situation is more complicated in that center because of its large dimension. It offers the largest number of highly specialized services.

It has 17 specializations. Therefore, a large number of people come for solution of their clinical and surgical problems. They are referred there by [illegible] hospitals in the country.

[illegible] was designed to only take care of people with insurance--a very [illegible] the victory. Therefore, it is small for taking care of [illegible] people seen each year, the 850 hospital workers, and the more than [illegible] that circulate through it each year.

He explained that all these people from different places constitute a [illegible] problem of infection for surgical patients.

He stated that such a small center with such a large demand is very hard to [illegible].

In addition to the specific problems of the Lenin Fonseca Hospital, it has a very small cleaning staff because of the low wages it pays--1,500 cordobas per month.

He explained to us that the hospital only has eight janitorial workers [illegible] who must cover three shifts. At least 60 workers are needed. Some [illegible] are expected to remain because they will not tolerate the workload.

Because of this situation, the hospital authorities have given priority to [illegible] the emergency room, operating room, intensive care, and the burn [illegible].

Another aspect of the hygiene problem is the poor technical and scientific training that some new doctors receive concerning hospital-related infections.

The director stated: "When treating patients, they do not respect the [illegible] already done. They throw used surgical materials on the floor."

He indicated that this hurts the patient because it considerably increases the risk of cross infection--that is, one patient's can pass to another and [illegible] versa.

He told us that some measures are being taken inside the hospital to improve the situation. These include involving all the workers in keeping the hospital clean.

The medical, nursing, and service directors and assistants should play a central role in this. The medical education department should also be involved in order to better educate the new doctors technically and scientifically.

Both the workers and patients need to understand that the cleanest place in a city should be the hospital.

He pointed out that there have been five sections of the hospital infection committee from December 1986 until now. They have made discoveries through bacteriological analyses of the operating room and intensive care.

Another measure that is expected to somewhat improve hygiene is the limitation of visits to the patients. Only relatives of people who are in very critical condition will be permitted to visit.

Also visiting days and hours have been limited. Before, relatives could see every day. Now they are only permitted to visit three times a week.

The doctor explained that the culture and idiosyncrasy of the people add to poor hygiene. It is not easy to make them see that this is a hospital and it is different from other hospitals because it is basically a surgical hospital. It has been very hard to make them understand this.

He added that the culture and idiosyncrasy include the custom of relatives providing the hospital, bringing forbidden food to the patient. The patients always find ways to break the rules.

He also pointed out the crowding throughout the hospital. Many patients have to stay in the corridors.

He explained that for the past year there have been at least 70 neurosurgical patients and 7 operations a day throughout the country.

Theoretically, only 40 beds should be available but, for more than a year, the number of neurosurgical patients has increased considerably.

... involve head injuries--encephalic and spinal column--as a re... automobile accidents, birth defects, and brain tumors.

... that this notable increase is related to the increase in p... now more than 3 million. The hospital is now doing 600 neurosurgical ... which is 10 percent of the total number of operations--6,000.

... the number of inhabitants in the country, the Lenin Fonseca Hospital ... 1,000 brain and spinal column operations. He noted that this spe... is the most complex in the country. Therefore, it must be the ... center in the country.

... that, for all the above reasons, the hospital authorities have made ... to the Regional Directorate more than 10 times in order to solve ... problem of the janitorial workers and the health workers in general.

... that there are institutions like PETRONIC [Nicaraguan Petroleum En... that pay janitorial workers 35,000 cordobas. This is close to the ... will be approved with the readjustments.

... that if that wage is approved, the problem would be partially ... However, he was not very optimistic since the cost of products of ... necessity has increased.

He explained that the wage problem affects all the health personnel. He maintained that a wage increase will not resolve this situation given the current ..., prices, and supply problems.

... that the problem of hygiene and cleanliness is related to the ... problem of the war of aggression and production shortages.

..., the director of the Lenin Fonseca Hospital told us that a ... sent to superior authorities. Essentially, it states that this cen... not have even 1 centimeter of additional space to house a ... and obstetrics department as contemplated in the hospital reorganization ... hospital.

... indicated that efforts should be aimed at improving its quality as a spe... hospital.

...:

BRIEFS

YELLOW FEVER IMMUNIZATION--Health officials have been dispatched to towns in boundary areas in Ondo State to immunize people entering the state against yellow fever. The commissioner for health, Dr Adeliye Adebayo, told the NEWS AGENCY OF NIGERIA in Akure yesterday that his ministry embarked on mass immunization of all residents in the state last month to prevent an outbreak of the disease. He advised the people to present themselves and children for immunization at the various centers. Dr Adeliye said that apart from the established centers in all the local government areas, his ministry had set up mobile immunization centers to ensure effective coverage of the state. [Text] [Lagos Domestic Service in English 0600 GMT 7 May 87 AB] /12913

CSO: 5400/171

COMMENTARY EXAMINES HEALTH SECTOR EXPENDITURES, ISSUES

Islamabad THE MUSLIM in English 10 May 87 p 4

[Article by Rao Suleman]

[Text]

The People's Health Scheme, a policy paper released by the Policy Planning Group of Pakistan People's Party on April 30, 1987, is an interesting document for the simple reason that for over a decade no socio-economic sector in Pakistan has been as neglected as health. Recent years have seen some bold initiatives like oral rehydration therapy and immunisation against six major diseases of childhood: measles, tetanus, whooping cough, diptheria, poliomyelitis and tuberculosis. These initiatives have already yielded remarkable results But it will still be a long time before they cover the entire population.

Despite the two initiatives our central government expenditure on health is the lowest in South Asia 1.1 percent in Pakistan as compared with 2.2 per cent in India, 3.3 percent in Sri Lanka and 4.5 percent in Nepal The comparable Bangladesh figures for 1982 are not available in the IBRD's World Development Report for 1985. National poverty is certainly not a reason for this neglect. According to the aforesaid World Development Report the 1983 numbers in US $ for GNP per capita are 130 for Bangladesh, 160 for Nepal, 260 for India, 330 for Sri Lanka 390 for Pakistan.

In most health indicators Pakistan scores higher than Bangladesh and Nepal but there is a significant lag compared to India and Sri Lanka. This is true of life expectanc, at birth, and death rate per thousand of population, infant mortality rate under one year of age, child death rate for 1-4 years of age, and population per nursing person.

There are only two indicators in which this pattern is broken. Percentage of married women of child bearing age using contraceptives is 7 percent in Nepal, 14 percent in Pakistan, 25 percent in Bangladesh, 32 percent in India and 55 per cent in Sri Lanka (1982). Pakistan also scores highest in terms of population per physician. The relevant numbers for 1980 are 3,480 for Pakistan, 3690 for India, 7,170 for Sri Lanka, 7810 for Bangladesh and 30,060 for Nepal.

The People's Party's Policy Planning Group holds that the present surfeit of unemployed physicians is more a result of slow growth in expenditure on health than of the ill-planned expansion of health education. However, the real truth obviously lies somewhere in between.

The basic prescriptions of the People's Health Scheme run counter to the current policy axioms of deregulation, privatisation and user charges. It points an accusing finger towards the exploitative role of the largely foreign controlled pharmaceutical industry. Registered medicines in Pakistan are reported to have increased from less than 4 thousand in 1977 to more than 8 thousand now. To discourage monopolistic product differenciation, the governments of developing countries like India, Bangladesh, Sri Lanka, Tanzania and Egypt have already evolved national formularies on the basis of a WHO list of 240 medicines prepared in 1983 and up-dated every six months.

Our present system is to a large extent sustained through the unchecked malpractice of heavy free sampling. The scheme recommends evolution of a National Drug Formulary on the basis of the well-tested WHO list, extensive manufacturing of drugs in the public sector and fixation of retail prices of drugs to protect the sick and the poor from unjustified exploitation and misery.

There can be no two opinions

about the very important recommendation relating to the national drug formulary.

The scheme condemns the elitist nature of the present health policy based on the colonial tradition of health care centred on the Army and the Senior Civil Servants. Preventive medicine is able to receive nothing more than a lip service even though it is well known that water, air and vector borne diseases constitute 50 percent of the work load in our hospitals and dispensaries. Vertical programmes like Malaria Eradication and Population Control have produced hardly any impact for the simple reason that they are far too top-heavy and unsupported by health infrastructure. The limited resources spared for the health sector are concentrated on elitist curative medicine and surgery for the rich. The scheme has also endorsed some sound policy ideas like health insurance, extension of the existing system of social security and decentralisation of health administration. It is surprising that despite the highest level of per capita income in South Asia we still have no system of health insurance.

The Scheme has come out strongly against the cultural accepted neglect of women and children even though many child illnesses lead to irreversible adverse effects on production and prosperity. The real health problems are seen to lie in three inter-related factors malnutrition, infectious disease and poverty. It is also emphasised that the first victim of the shift from the countryside to shantytown living are the young children. The scheme also has some words of hope for the increasing population of the disabled resulting from prenatal neglect and unprecedented traffic accidents, as also for the post 1977 population of "4 million drug addicts". Realising the link of health with efficiency and social productivity, the scheme proposes decentralisation of health administration to the district level. It does not favour decentralisation to a level lower than a Tehsil. Thus it moves away from both Basic Health Unit and Rural Health Centres, the two kingpins of the present health system as well as the numerous elitist hospitals at the metropolitan levels.

There are many good points worth detailed consideration in the People's Health Scheme Report covering 11 Chapters and 72 pages. It is written in the tradition of the Foundation Papers but can in no way match them in either comprehensiveness or rhetoric.

For many reasons it is hard to accept it as a policy document brimming with new and integrated ideas. It looks more an effort to mobilise disgruntled new entrants to the medical profession through emphasis on grades (from 17 to 20), selection of district health officers, writing of ACR, provision of two servants each to specialist cadres, motor car and driver, two servants and free telephone, electric and gas for one grade 20 professor in every department and procurement and maintenance of equipment. These are strictly speaking not questions of policy. Some of them smack of elitism which is otherwise generally condemned. The key issue completely bypassed is that of resource allocation priorities as between defence, elitist civil services and debt servicing that continue dominating our budgets as in the past. The measures unfolded in the health scheme will represent wishful rather than realistic planning. The undefined agricultural tax can hardly provide the volume of resources necessary for running the proposed decentralised health system leaning heavily on preventive measures. The Scheme is a piecemeal approach which makes any realistic evaluation extremely difficult.

/9274
CSO: 5400/4714

MEASLES EPIDEMIC REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 20 May 87 p 3

[Article by Blaise Nangoi]

[Text]

FIFTY-seven people have died in the last three months from a measles outbreak in Western Province.

The Assistant Secretary, Health Division of the Department of Western Province, Mr Wesley Malesa, said yesterday this was the number reported by a medical team sent in early last week.

The measles epidemic could have started as early as January this year but Mr Malesa's office was not informed of it until April "when people started dying in numbers."

Children under five were badly affected and were believed to make up the bulk of the deaths, he added.

The medical team, which included a doctor, was expected to stay in the affected area — covering 12 villages in the Domori Maibam constituency and Lower Bamu area — for three weeks treating patients and carrying out preventive treatment.

"We are just beginning to organise ourselves and should have it under control in the next two weeks or so.

"We have done our assessment of the situation and are doing all we can to fight the disease."

Mr Malesa said a nutritional worker [illegible] on Saturday to start a program to counter malnutrition, which is usually a complication of the disease.

The team already in the area was carrying out a big immunisation program.

Mr Malesa appealed to parents to get their children vaccinated and to report any signs of the illness starting up again after they had been visited by the medical team.

He said the affected area was very remote and accessible only by boat. His officers were using a dinghy to get in and the provincial government last week offered the use of a trawler.

The measles outbreak had taken such a hold because there was hardly any health service in the area.

/9274
CSO: 5400/4375

ENDEMIC DISEASES PREVENTION WORK

Beijing JIANKANG BAO [HEALTH NEWS] in Chinese 15 Jan 87, p 3

[Article by Zhang Yifang [1728 5030 5364], chief, Bureau of Endemic Disease Prevention, Ministry of Public Health]

[Text] In accordance with a central committee directive abolishing the two central lead agencies concerned with schistosomiasis and endemic disease together with their executive offices, their responsibilities have been assumed by the Ministry of Public Health, and last year, the Bureau of Endemic Disease Prevention was formed. In May 1986, a "National Conference on Endemic Disease Prevention " was called in conjunction with a joint meeting of 20 related committees and units sponsored by the Ministry of Health, to pass a resolution on "Responsibilities of Related Agencies in Endemic Disease Prevention Work." The State Council, in turn, issued an abstracts outline of the meeting. To realize the spirit of the conference, the Ministry of Public Health established a research center to focus on the prevention and treatment of endemic and venereal diseases on a national level, and formulated a Seventh 5-Year Plan for preventing endemic disease in China.

During the past year, under the leadership of the party and the government on various levels, the active efforts of numerous colleagues manning the frontline of endemic disease prevention, with coordination and cooperation from related agencies and localities in observing these guidelines, have obtained outstanding results. The most important are noted as follows:

- A timely understanding of plague and its etiology pattern by various localities resulted in a quick and thorough treatment of the plague zone to basically control the occurrence and further spread of plague;

- Conclusion of a joint survey of Keshan disease in Chuxiong, Yunnan Province;

- Expanding the number of pilot projects testing the use of selenious acid in prevention work, in conjunction with practical measures, which showed a continued drop in the incidence and morbidity of Keshan disease;

- Positive results from the pilot project on "big-joint" disease prevention and treatment at Yongshou County in Shenxi Province, where disease symptoms tended to stabilize or decrease among those affected;

- Announcement that the Inner Mongolia Autonomous Region as having met basic requirements for goiter control, thereby making a total of 15 provinces, municipalities, or regions as having met such requirements;

- Successful water defluoridation to remove the threat to several million people of excessive fluoride in water; survey last year of coal gas and fluoride contamination to prepare plan for prevention and treatment;

- Active explorative efforts that supported joint schistosomiasis prevention measures in the five provinces of Jiangsu, Anhui, Jiangxi, Hunan, and Hubei, focusing on the schistosomiasis problem in the mountain and lake regions;

- Addition of 12 more counties last year to rank of those who had met requirements for schistosomiasis elimination, with Fujian Province attaining province-wide control of the disease;

- Announcement of the "Nationwide Plan for Malaria Control, 1986-90," which calls for further attention to critical prevalence areas, prevention and treatment work in falciparum malaria endemic areas, and management followup of post-malaria cases, and broadening the areas designated for basic malaria eradication.

The overall picture of malaria incidence in China last year showed a drop -- the incidence for Shandong Province from January to September showed a drop of 63.27 percent for the same period of the year before, and the malaria incidence has been controlled at less than 1 in 10,000 population for 3 years in a row. The incidence of falciparum malaria in Jiangsu, Henan, and Anhui provinces has shown a marked drop from figures for the same period the year before. The municipality of Shanghai has met basic requirements of malaria eradication.

Basic eradication of filariasis province-wide in Sichuan and Hunan provinces was confirmed by survey check, while basic filariasis eradication was also attained by 49 counties nationwide. A Seventh 5-Year Plan for leprosy prevention and treatment nationwide was established, with beginning pilot studies on "joint chemotherapy" begun on an overall scale, and international cooperation and exchange further initiated. Order No 85 on national development as issued by the State Council emphasizes the importance of VD (venereal disease) control work, and toward this end, a national committee on information and education, and a plan for VD detection have been set up.

The focus of endemic disease control work in 1987 follows the spirit shown by Comrade Hu Yaobang in several recent conversations on reforms in public health and hygiene, which stressed learning from resolutions passed by the 6th Plenum of the 12th party Central committee, by a complete transfer from the State Council to the whole nation, the spirit of the conference for endemic disease prevention in China. Through strengthened leadership, organized collaboration, and correct relationships to undertake reform, greater activity will be seen in all aspects to ensue in greater progress in the prevention of endemic disease.

The control of plague epidemics and their occurrence in man and in rats must be continued in critical areas. To prevent endemic goiter, the problem of non-iodized salt "flooding" the endemic area must be resolved, and results attained by areas meeting prevention requirements must be strengthened. To prevent drinking water fluorosis, improvements in areas severely and moderately affected must continue to be carried out properly. Pilot efforts to remodel cooking stoves must be initiated on a wide scale to prevent coal gas fluoride intoxication.

The incidence and morbidity of Keshan disease, brucellosis, and big-joint disease must continue to drop. The important focus for schistosomiasis control must be intensified prevention and treatment work in river and lake regions, on sandy beaches and bars, as well as in large hill areas. By directing attention to new problems in new situations, a new solution must be found that will control acute infection, but directed at the same time, toward basic eradication and effective monitoring of disease-eradicated areas.

Prevention of malaria must continue to concentrate on lowering the incidence, controlling local fulminating epidemics, and slowing the spread of falciparum malaria. Surveys must be planned to gradually expand the eradicated areas.

For filariasis, effective detection and treatment must be followed together with stringent survey and monitoring practices, to reach the goal of adding another two provinces to those having met basic filariasis eradication standards.

For cystercercosis, its detection and treatment work must be initiated gradually, and for leprosy, the Seventh 5-Year Plan of leprosy prevention and treatment must be firmly in place to gain a better grasp of early detection and combined chemotherapy. For venereal diseases, 10 VD monitoring projects must be established to actively promote the detection, treatment and surveillance of venereal diseases on a broad scale.

To complete the tasks described above, we must do the following:

1. Further strengthen the leadership for prevention and treatment of endemic diseases, and actually explore reforms to the leadership system. We must concentrate on prevention and treatment characteristics that vary according to different diseases and different disease types, using a specific goal-oriented management approach.

2. Find means of realistic funding for the prevention and treatment of endemic disease by including it as part of the local economic plan. Special funds allocated by the central government to support economically deprived areas must be tapped proportionately for the prevention and treatment of endemic disease, and such expenses must be given priorities--routine or emergency.

3. Reinforce legal guidelines pertaining to the prevention and treatment of endemic disease. Original rulings and standards may need to be modified, and instructions such as "Guidelines for Iodizing Salt," "Guidelines for Managing Schistosomiasis" etc., must be set.

4. Intensify efforts at health education, with attention to effective information dissemination, and strengthen the management of such health information dissemination.

5. Strengthen scientific research programs and the training of research and health personnel to staff research organizations set up to concentrate on the prevention and treatment of endemic disease, parasitical disease, venereal disease, leprosy etc. We must develop several nationwide disease prevention and treatment centers to practice a system of joint task-funded scientific research, and to intensify personnel training and to improve on the quality of such recruits.

6. Actively pursue investment by international health organizations and foundations in the prevention and treatment of endemic disease, by facilitating multilateral or bilateral collaboration.

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CSO: 5400/4119

BRIEFS

ANHUI ENCEPHALITIS EPIDEMIC PREVENTED--Through epidemiologic forecasting and active preventive measures, various epidemiologic disease control agencies in Anhui Province have, for the first time, broken the cyclical epidemiologic pattern of an encephalitis epidemic, and disrupted a peak occurrence yet to occur in any forecast. Ever since the Liberation, large-scale encephalitis epidemics have been recurring in Anhui Province every 7 or 8 years, with the highest incidence placed at 740.66 cases per 100,000 population during the peak year. For the people and the nation, these occurrences have posed great losses of manpower and financial resources. According to epidemiologic predictions, a large-scale encephalitis epidemic may occur between 1984 and 1986, spreading gradually from north to south, with an incidence possibly exceeding 100 per 100,000 population. According to forecasting news issued by the provincial health and epidemiology station, various health and preventive medicine stations undertook to vaccinate over 18 million people, and averted a large-scale epidemic. During a 3-year period from 1984 to 1986, the incidence of epidemic encephalitis was noted as 14.66 per 100,000, 18.71 per 100,000, and 13.27 per 100,000 population respectively. Except for an occasional case, a large-scale encephalitis epidemic has been successfully avoided. [By Zhou Chu [0719 4238] and Yan Wei [0917 1218]] [Text] [Beijing JIANKANG BAO[HEALTH NEWS] in Chinese 15 Jan 87 p 3] 5292

TUBERCULOSIS MONITORING IN THE MILITARY--According to statistics, the incidence of tuberculosis among members of the armed forces in the Beijing garrison is not exactly low. A conference called recently to discuss the prevention and treatment of tuberculosis among members of the Beijing garrison suggested that the leadership at all levels must place this item on their agenda for daily discussion. During the last few years, tuberculosis cases have often surfaced among the Beijing garrison, because some units had not been paying sufficient attention to physical examinations for timely treatment to be given to certain comrades who had the disease. The meeting called on this occasion requires prevention and treatment units on all levels to thoroughly follow a policy of prevention first in a working system with annual planning and monthly scheduling. Immunization of all new recruits with Calmette Guerin vaccine and the thorough annual physical examination must be effected for early detection of tuberculosis cases and allow for "treatment upon detection, and thoroughness upon treatment." [By Shen Jincang [3947 6855 0221]] [Text] [Beijing JIANKANG BAO [HEALTH NEWS] in Chinese 15 Jan 87 p 3] 5292

MALARIA ELIMINATION IN SHANGHAI--"Shanghai has become the first among China's provinces and municipalities to realize the basic elimination of malaria." This is a recent pronouncement made by responsible authorities in the Ministry of Health. At present, the incidence of malaria occurrence in Shanghai has dropped from a peak of 323 per 10,000 per year to 0.13 per 10,000 per year, thus meeting the basic requirement for malaria elimination as set by the Ministry of Public Health. [By Sun Liji [1327 4409 1015]] [Text] [Beijing JIANKANG BAO [HEALTH NEWS] in Chinese 15 Jan 87 p 1] 5292

LEPROSY PREVENTION SPECIALISTS--Recently, Ma Haide [7456 3189 1795], adviser to the Ministry of Public Health, and executive director of the Chinese Association for Leprosy Prevention and Treatment, declared at a recent meeting that the association must adopt a spirit of reform in its task to strengthen organizational structure and horizontal ties, to enlarge its impact, and to broaden its educational activities for effective dissemination of information on leprosy prevention and control, and to initiate multifaceted scholarly activities on many levels. Most recently, the Chinese Association for Leprosy Prevention and Treatment called an expanded executive meeting in Chengdu. Ma Haide reported that over the past year the association had conducted scholarly exchanges at home and abroad to promote the cause of leprosy prevention and treatment, developed programs to train prevention and treatment personnel, initiated research projects, and organized information services on leprosy prevention and treatment with certain results. Through international exchange, many friendly foreign individuals and groups have agreed to collaborate with us to realize a goal of basic leprosy elimination by the year 2000. According to plans of the Bureau of Endemic Disease Control of the Ministry of Health, the China Leprosy Prevention and Treatment Center, and other control and research centers meeting specific requirements, will be assigned the task of setting up various courses on the endemic aspects of leprosy, its pathology, nursing care, examination, recovery, joint chemotherapy etc., to rapidly train health care personnel for this work, and to continuously raise the quality of care in leprosy prevention and treatment. [By Zhang Zhiqiang [1728 1807 1730]] [Text] [Beijing JIANKANG BAO [HEALTH NEWS] in Chinese 15 Jan 87 p 3] 5292

CSO: 5400/4119

BRIEFS

FOOT-AND-MOUTH DISEASE PREVENTION MEASURES--Lima, 12 May (AFP)--Agriculture Ministry sources today reported that the Peruvian authorities have implemented strict control measures along the Chilean border to prevent the spread of foot-and-mouth disease. These measures include seizing and burning meat products or by-products coming from Chile, especially sausages. In addition, trucks bringing cargo from Chile are fumigated at the border. The authorities have also ordered the vaccination of all cattle in Tacna Valley and nearby areas. According to reports received in Lima, the foot-and-mouth disease outbreak in Chile has forced the slaughter of 3,000 infected head of cattle. [Text] [Paris AFP in Spanish 0206 GMT 13 May 87 PY] /9274

CSO: 5400/2046

HEALTH OFFICIAL ON SCOPE OF AIDS PREVENTION, DETECTION EFFORT

Warsaw SKOWO POWSZECHNE in Polish 18 Feb 87 p 1, 2

[Interview with Prof Dr Habilitatus Jerzy Bonczak, vice minister of health and social welfare, by Marian Lesniewski; date, place not given]

[Text] [Interviewer] For a number of months now, alarming reports have been flowing in from around the world about the disease AIDS. More than 20 persons have already been discovered in Poland who are potential carriers of the HIV virus responsible for the so-called immune deficiency syndrome. I am speaking with Prof Dr Habilitatus Jerzy Bonczak, under secretary of state at the Ministry of Health and Social Welfare, about measures aimed at controlling this threatening disease.

[Question] Professor, as the plenipotentiary of the minister of health and social welfare for AIDS you are particularly interested in all that is happening with regard to this issue. I would like to find out what action is being taken by the ministry currently and what is the program of combatting this dangerous disease?

[Answer] The AIDS problem found its proper reflection in our work as early as in 1985. A team for AIDS related matters was created and work based, above all, on the conducting of diagnostic studies with the aid of special tests was begun.

Briefly speaking, institutions were selected whose task it is to conduct preventive studies. The State Hygiene Institute and the Institute of Hematology and Institute of Venerology of the Medical Academy in Warsaw belong to these institutions. The disease AIDS was placed on the list of infectious diseases requiring proper treatment. Health service institutions responsible for therapy were appointed. Such a treatment center is the Warsaw Medical Academy's Clinic for Contagious and Infectious Diseases. At the same time, a gynecological-obstetrical center was appointed because we have had two cases in which mothers who were AIDS carriers gave birth.

A third trend of our activity is the spreading of health information. Currently, this is the most important preventive measure against the spread of this life threatening disease. These preventive studies conducted with the assistance of special tests have already encompassed 37,000 persons. We are paying special attention to tests conducted among blood donors.

Currently, we have tested 35,000 blood donors. In one case, we have confirmed a serum positive reaction. The blood donated by this person has been localized and no longer constitutes any kind of threat. On the other hand, in tests among approximately 2,000 persons from a so-called high risk group, AIDS was found in 11 homosexuals, 10 persons with hemophilia, and 2 prostitutes. Therefore, a total of 23 carriers of the HIV virus were found of which 4 persons were noted to have enlarged lymph nodes, a raised body temperature, etc. Currently, we have not found clinical symptoms in the above mentioned persons. Two children born of infected mothers are free of the AIDS virus infection on the basis of our tests.

However, we must be prepared for persons with the fully developed disease to appear in our country. There are no substantiated reasons for concern in our country! We are prepared for the hospitalization of such people.

[Question] What is the ministry's attitude toward the action taken by Mr Marek Kotanski?

[Answer] There are many such campaigns. Therefore, we have received this one --initiated by the creator of MONAR--with interest as well. It is an expression of deep humanitarianism. I believe that if public generosity will be properly understood and accentuated, we will obtain certain additional foreign exchange funds--of which, after all, we do not have too many--for the purchase of the tests. I feel that we do not exhibit enough social commitment to the cause of other people. Of course, the issue of foreign exchange subsidies on the part of the public is not simple because not everyone--despite their good intentions-- has foreign exchange. For this reason, every such initiative should be met with understanding and support not only from the public but, above all, from people who are professionally associated with this problem.

[Question] In conclusion, two more questions. What kinds of preventive measures will be used in the immediate future? What does the ministry have at its disposal currently to prevent the spread of AIDS?

[Answer] We will continue to conduct preventive test studies to find people infected with this disease. Of course, these studies require foreign exchange outlays. The government has made a decision about allocating the necessary funds for this purpose to the Ministry of Health and Social Welfare. We intend to test approximately 1,500,000 people by the middle of next year. From among this number, we want to examine one million blood donors--not only volunteers-- and also those from high risk groups. We also wish to include Polish citizens who have spent a number of years in epidemic zones; i.e., in Central Africa, the United States and Western Europe. We feel that all preventive actions of this nature are extremely important. We have launched a widespread educational-health campaign bringing into it all health service agencies as well as the Polish Red Cross, MONAR, and youth organizations.

The AIDS problem and its prevention is one of the points of our activity this year which we are conducting within the framework of the slogan: "1987--the year of health prophylaxis." The World Health Organization has appointed a several-dozen-member team for AIDS related matters allocating millions for this purpose. As the president of the Red Cross, I would like to announce that in

April of this year [1987], the Executive Board of the League of Red Cross Associations and of the Red Half-Moon will deliberate in Geneva adopting specific decisions with regard to this life threatening disease. Also this year, a program of preventing and combatting AIDS will be adopted by the Fifth Session of the General Assembly of the League of Associations.

[Interviewer] Thank you for the interview.

9853/12859
CSO: 5400/3013

COMPARATIVE ANALYSIS OF MORTALITY RATES

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in Polish No 2, 1986 pp 224-235

[Article by Prof Zbigniew J. Brzezinski, director, Research Center for Epidemiology and Health Protection Planning, Institute of Mother and Child, Warsaw: "Mortality in Poland Compared to Other European Countries"; first paragraph is the author's summary]

[Text] Mortality rates in Poland are compared to those in other European countrities. Mortality in Poland exceeds the average European level; also, the ranking of Poland has deteriorated over the last dozen years relative to a majority of countries. This is especially the case with the populace under 65. Cardiovascular diseases, malignant tumors and injuries, accidents and poisonings are the main factors in deaths responsible for this state of affairs.

Health is among the basic resources supporting socio-economic development of a country. There are no comprehensive health standards. The health status of a country can only be evaluated by comparing it with other countries, taking into account the value of individual statistics at a given time and their movement over a particular period of time. A monograph on mortality and its changes in Europe, recently published by the Regional Bureau [2], gives us an opportunity to make such a macro-evaluation. It was prepared within the framework of work on the regional Health for All by 2000 program in order to discern principal health problems of the region and outline the fundamentals of the program before beginning work on its implementation in individual countries.

Materials used in this analysis consist of information on mortality submitted by individual countries to the WHO [World Health Organization] data bank in Geneva. Specific coefficients ofmortality by age and sex, standardized coefficients and standardized mortality rates were used in the analysis.

Total Mortality
Premature Deaths

Social losses entailed by mortality are greater the earlier death occurs. Each death which can be prevented, regardless of age, may be considered premature. However, in general analyses a certain cutoff age is ususally set

arbitrarily. Age 65 has been accepted to be such a cutoff in work on the strategy and program of Health for All by 2000. In Poland, out of the total number of about 350,000 deaths in 1983, 126,000, or 36 percent [4], took place under this age limit, whereas the respective percentage for Europe around 1980 amounted to 27. A standardized mortality rate can also be used to evaluate the level of premature mortality. Around 1980, this rate came up to 414 per 100,000 population in Poland. Among European countries, only Hungary registered a higher rate--460, whereas the lowest rate was noted in Greece--231 (chart 1).

The so-called lost potential years of life is yet another statistic which can be useful in the matter. The loss of potential years of life can be calculated by multiplying the time period in years between the middle of a given age bracket and birth by the number of deaths in this age bracket. Poland is also in the group of countries registering the highest values on this indicator as well.

Infant Mortality

The infant mortality rate has recently declined to a level below 20 per 1,000 live births. However, it is 3 times as high as in the countries of Europe which are leaders in this respect, and its rate of decline is slower. For example, in 1976 through 1984, the infant mortality rate in Poland decreased by an average 2.5 percent annually, which compared with other socialist countries (Bulgaria--2.6, Czechoslovakia and the GDR--2.8) and Denmark (2.5 percent), whereas considerably higher rates of decline were registered in other countries, e.g. in France, the Netherlands, Austria and the FRG, 4.0, 4.2, 4.7 and 5.6 percent respectively.

Progress in preventing infant mortality is due mainly to eliminating some external factors of mortality, primarily feeding infections and respiratory diseases. In its turn, a slower decrese in infant mortality, persisting from the middle of last decade on, is associated with the barriers to its reduction posed by more complex conditions, occuring mainly during the first weeks of life of aninfant. Premature births and low weight at birth, as well as congenital developmental handicaps, are the main factors responsible.

Deaths of newborns with body weight under 2,500 grams (8 percent of live births in Poland) account for about three-fourths of all deaths in the first week of life.

Likewise, deaths of infants with body weight at birth under 2,500 grams account for about one-half of deaths in the first year of life. Among the European countries collecting such data, only Hungary and Italy register a higher percentage of infants with body weight under 2,500 grams than does Poland, whereas this share does not exceed 4 percent in countries with the lowest level of infant mortality (Finland and Sweden).

Mortality in Other Age Brackets

Mortality of children and young people declines in successive age brackets, the rate being the lowest in the 10 to 14 years bracket and increasing again

in the 15 to 19 years bracket. The decline in mortality is the gretest in the younger age brackets, especially the 1 to 4 years bracket. However, compared to other countriesof Europe, mortality of children and young people makes Poland one of the countries registering the highest levels and the lowest rates of decline. Accidents, injuries and poisonings, and, next to them, tumor diseases are the main reasons of death among children and young people.

Towards the end of the 1970s, we were second only to Portugal in the frequency of death of young men (15 to 34 years of age). This was caused by an increased incidence of driving accidents (especially in the 15 to 19 years bracket). Despite a similar trend, mortality among young women was considerably lower than among men.

Mortality of middle-aged men (35 to 64 years) was also high by European standards. In the late 1970s, our country ranked 4th worst. Also, we registered one of the highest growth rates of mortality in this age bracket over the past 2 decades.

Probability of death at ages over 65 was lower in Poland than on the average in Europe. However, unfavorable tendencies were also registered in this group, e.g. the highest increase of accidental deaths in Europe.

Differences in mortality rates of women and men have brought about a difference of more than 7 years between sexes in average life expectancy at birth.

Causes of Death

Information on total mortality in Europe is basically quite reliable for both the number of deathsand the age and sex composition, at least for the countries furnishing such data to the WHO.

The data on causes of death are not up to the same standard of reliability. WHO research has shown that diagnostic practices and ways of establishing the cause of death indicated on the certificate of death differ among countries.

Table 1. Main Causes of Death in Poland and in Europe as Percentage of All Deaths Circa 1980

Causes of death	Age brackets					
	1-14 years		15-64 years		over 65 years	
	Poland	Europe	Poland	Europe	Poland	Europe
1. Malignant tumors	15.8*	15.2*	24.9	29.1	14.6	17.8
2. Cardiovascular diseases	2.9	3.7	34.1	32.4	58.4	56.0
3. Injuries, poisonings, accidents	40.3	38.0	18.5	15.5	2.6	3.0

4. Other causes	41.0**	43.1	22.5	23.0	24.4	23.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

* including benign tumors

** including neurological disorders--12.3 percent and congenital defects--10.0 percent.

Therefore, information on the causes of death should be interpreted with caution, especially as far as comparisons of mortality rates due to particular causes are involved. Trends of such rates over longer time spans are more informative. Besides, it is advisable to analyze two or more age brackets rather than calculate coefficients for the entire range of age. At least two age brackets should be taken into account under 65 and over this age. It follows not only from diagnoses of the elderly being less reliable, butalso because it is difficult to establish the main cause of death due to the condition of many organs which usually occurs in the mature age. This brings about considerable variation in applying international recommendations concerning such matters.

Breakdown of Deaths

Same as in Europe, about three-quarters of all deaths in Poland are the result of cardiovascular diseases, tumors and accidental causes (injuries, poisonings, accidents). However, the breakdown of deaths differs greatly among age brackets. For example, accidental causes accounting for about 40 percent of all causes of death for the age bracket under 15 years, decline to about 3 percent for the bracket over 65 years. Vice versa, the share of cardiovascular diseases grows from 3 percent (under 15 years) to about 60 percent at ages over 65 (see table 1).

Mortality Due To Main Causes Of Death

Mortality due to cardiovascular diseases in the 1 to 64 years age bracket in Poland is higher than the European average. Poland is one of 6 countries with the highest mortality due to this group of causes (chart 2).

Also, mortality due to malignant tumors was higher than the European average. Only in three countries were higher rates registered (chart 3).

As far as mortality due to accidental causes in concerned, our country ranked second in the mortality rate (chart 4).

Changes Over Time In Mortality Due To Main Causes

Standardized mortality rates, the rate for Europe being 100, were used in order to compare Poland with Europe. As chart 5 suggests, over the decade between 1970 and 1980, the relative position of Poland in mortality rates deteriorated for both men and women, regarding both total mortality and the main groups of causes: cardiovascular diseases, tumors, and accidents, injuries and poisonings.

Cardiovascular Diseases

The significance of cardiovascular diseases increases with age, especially after 35. Apart from these diseases being responsible for the greatest percent of deaths, they also contribute considerably to disablement. By way of illustration, suffice it to say that out of the total of persons who survive a heart attack, about two-thirds remain alive after 3 months; out of those, only about 40 percent return to full activities, 38 percent are partially disabled and 1 percent remain chronically ill [3]. Likewise, out of all persons who have survived a stroke, about one-half survive for a year; out of those, 40 percent do not regain complete self-reliance over this time and only 20 percent return to professional activities [1].

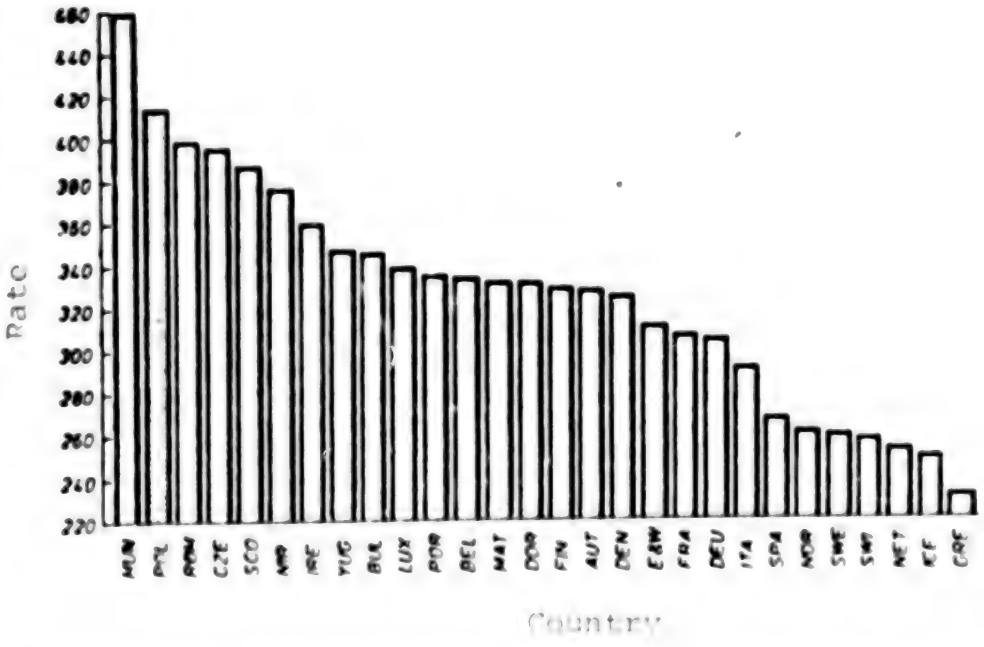


Chart 1. Standardized Mortality Rates for Individuals Age 1 Through 64, Per 100,000 Population, 1980. Deaths Due to All Causes, European Region.

Notations: AUT-Austria, BEL-Belgium, BUL-Bulgaria, CZE-Czechoslovakia, DDR-the GDR, DEN-Denmark, DEU-the FRG, E&W-England and Wales, FIN-Finland, FRA-France, GRE-Greece, HUN-Hungary, ICE-Iceland, IRE-Ireland, ITA-Italy, LUX-Luxembourg, MAT-Malta, NET-Netherlands, NIR-Northern Ireland, NOR-Norway, POL-Poland, POR-Portugal, ROM-Romania, SCO-Scotland, SPA-Spain, SWE-Sweden, SWI-Switzerland, YUG-Yugoslavia.

Chart 2. Standardized Mortality Rates for Individuals Age 1 Through 64, Per 100,000 Population, 1980. Deaths Due to Cardiovascular Diseases. European Region.

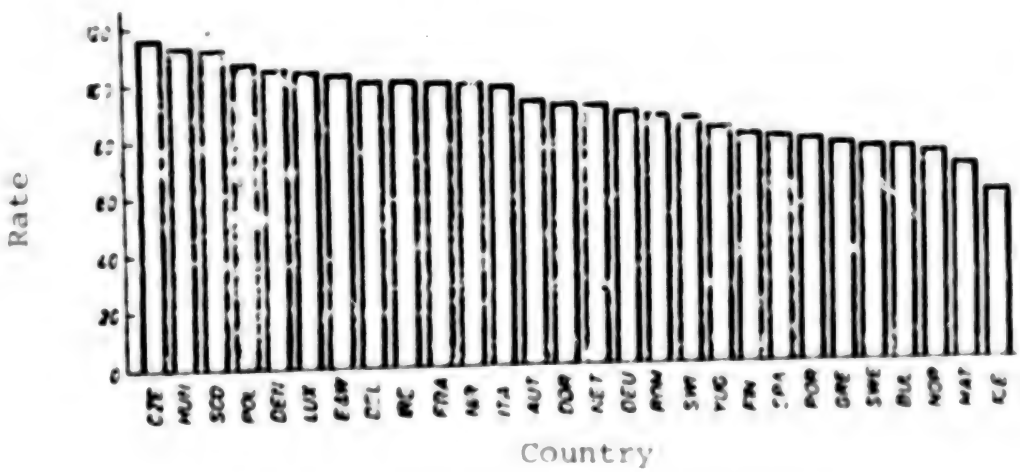


Chart 3. Standardized Mortality Rates for Individuals Age 1 Through 64, Per 100,000 Population, 1980. Deaths Due to Malignant Tumors. European Region.

Chart 4. Standardized Mortality Rates for Individuals Age 1 Through 64, Per 100,000 Population, 1980. Deaths Due to Accidents, Injuries and Poisonings. European Region.

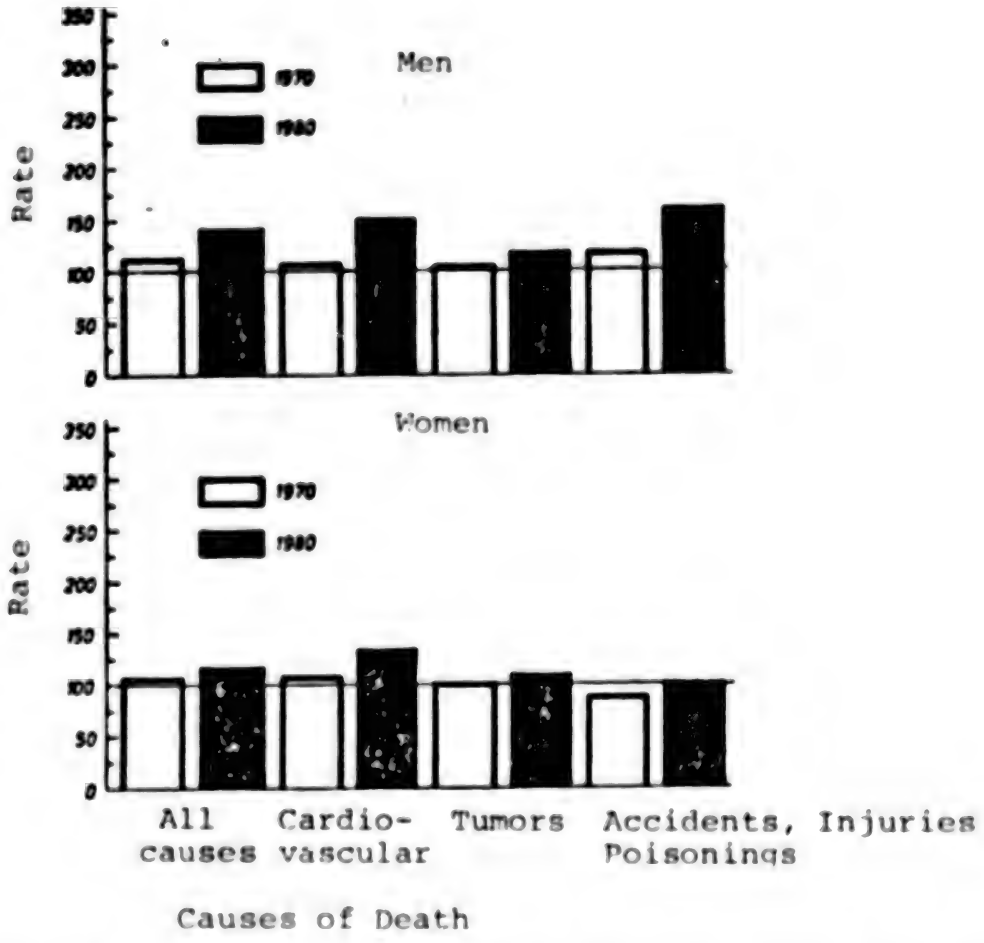


Chart 5. Poland. Standardized Mortality Rate (in Percent). Individuals Age 0 Through 64 in the Years 1970 and 1980.

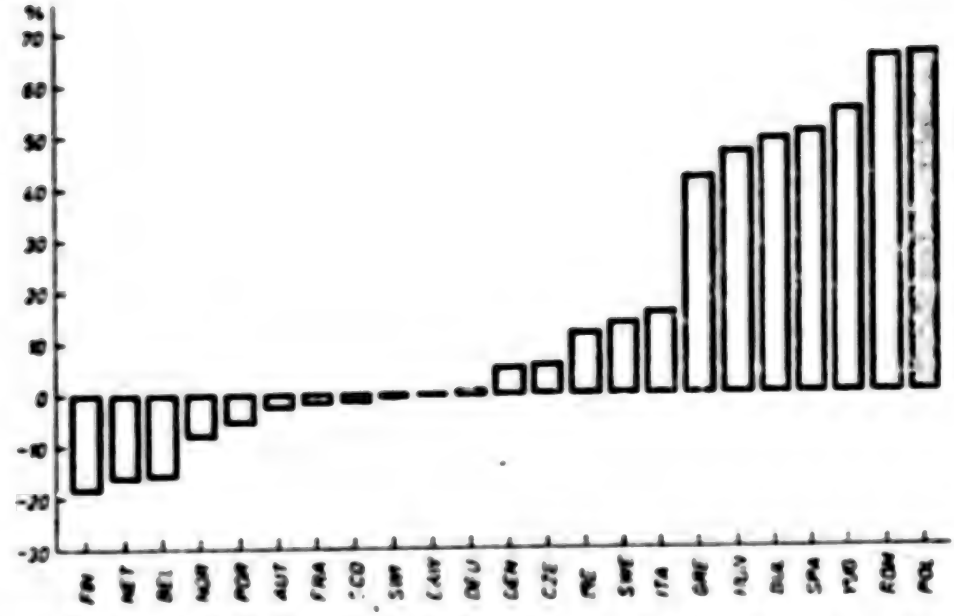
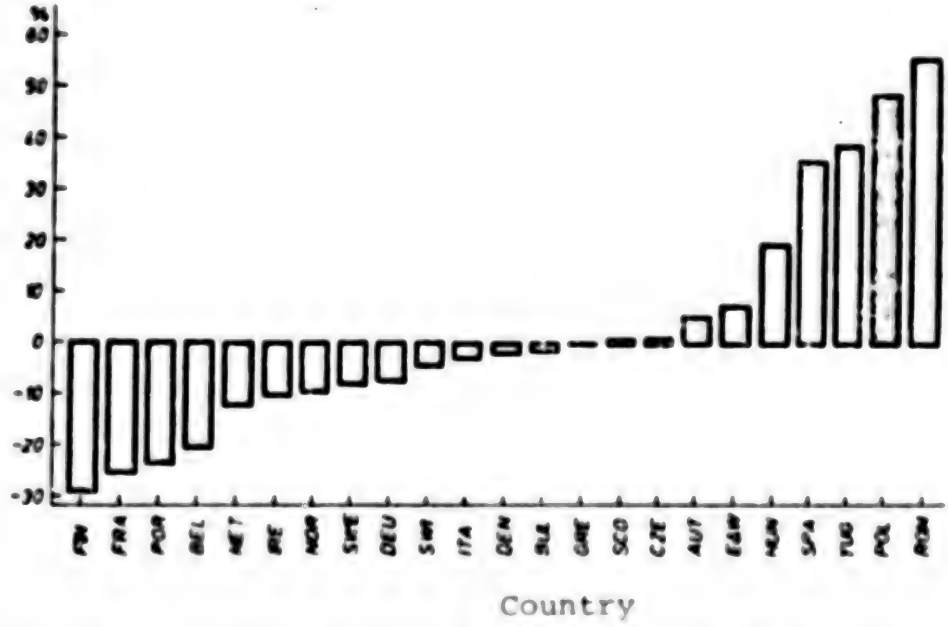
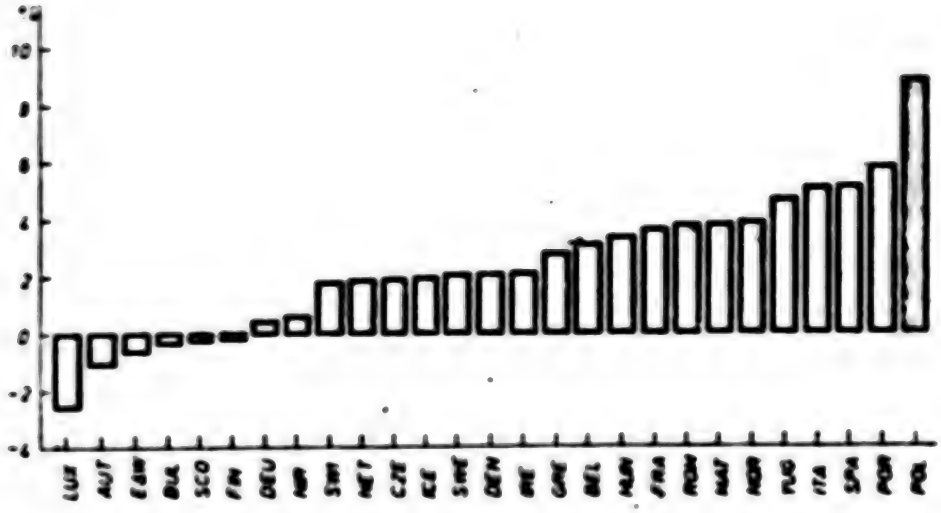


Chart 6. Heart Anemia in Men Ages 35 to 64. Percentage Changes of Standardized Mortality Rates (Per 100,000 Population) in the Years 1970 Through 1980.



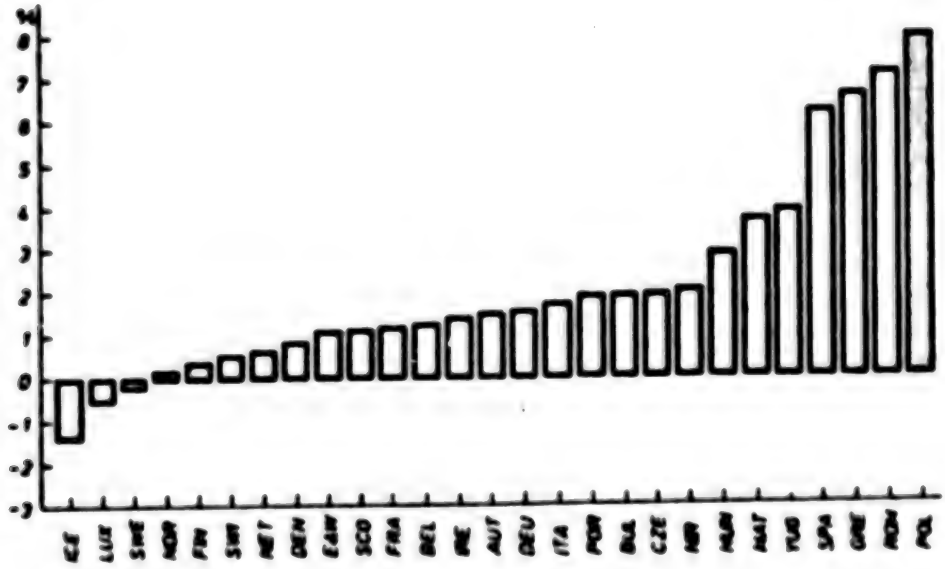
Country

Chart 7. Heart Anemia in Women Ages 35 to 64. Percentage Changes of Standardized Mortality Rates(Per 100,000 Population) in the Years 1970 Through 1980.



Country

Chart 8. Lung Cancer in Men Ages 30 to 64. Annual Percentage Changes of Standardized Mortality Rates Per 100,000 Population Between the 1955-59 and 1975-79 Five-Year Periods.



Country

Chart 9. Breast Cancer in Women Age 30-64 Years. Annual Percentage Changes of Standardized Mortality Rates Per 100,000 Population Between the 1955-59 and 1975-79 Five-Year Periods.

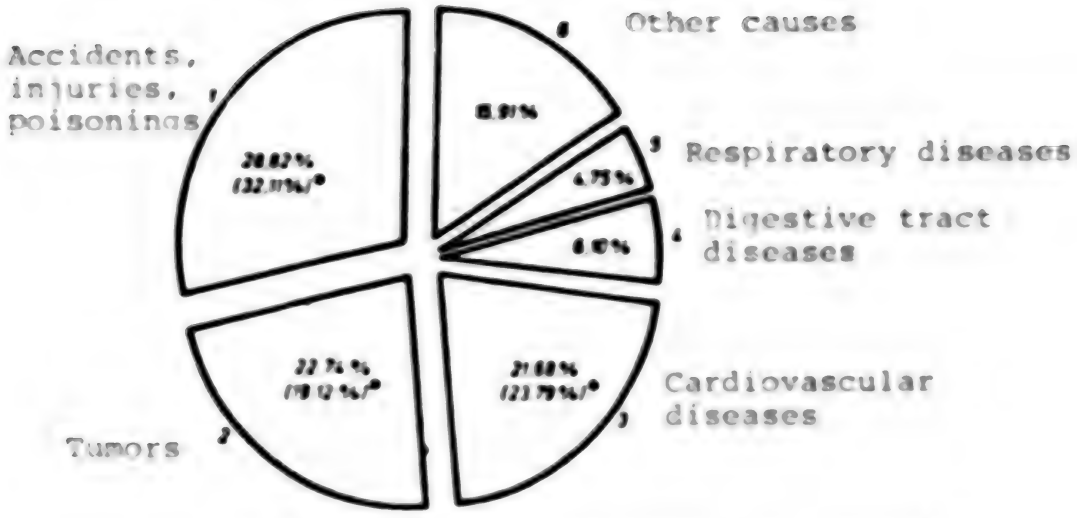


Chart 10. Number of Lost Potential Years of Life, in Percent. European Region. 1980.

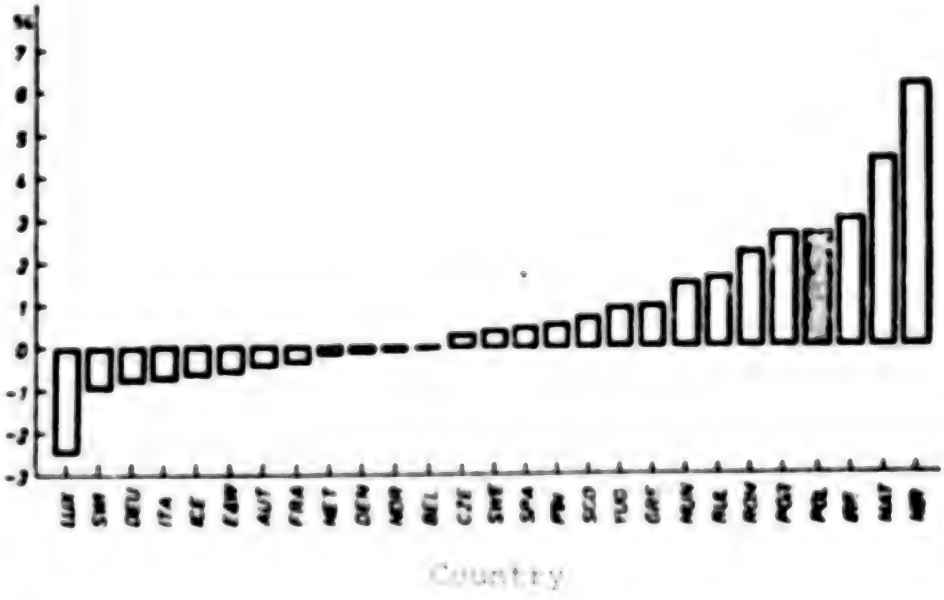
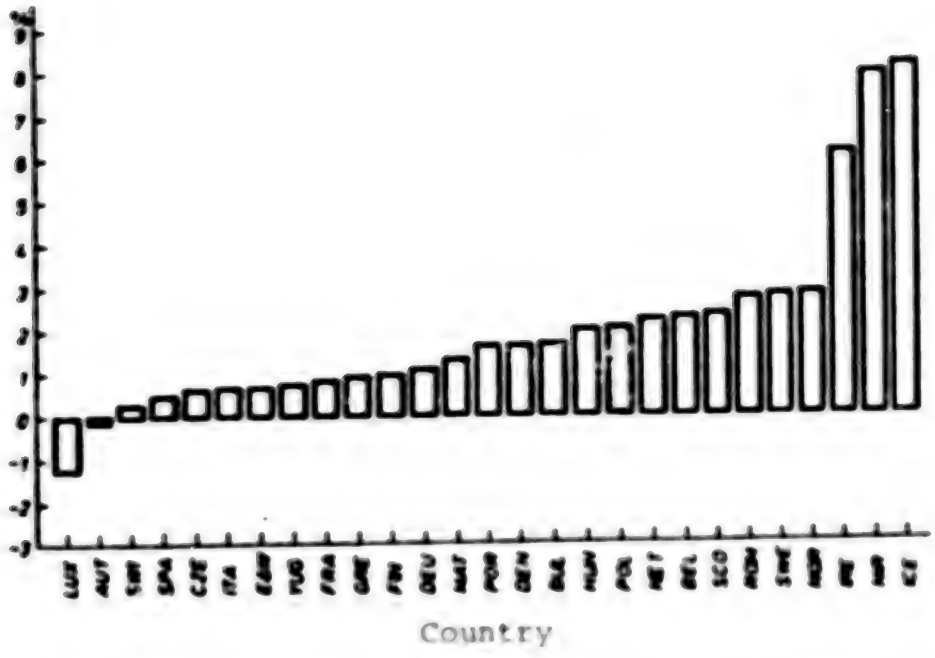


Chart 11. Accidents, Injuries and Poisonings in Men Ages 5 to 64. Annual Percentage Changes of Standardized Mortality Rates Per 100,000 Population Between the 1955-59 and 1975-79 Five-Year Periods.



Country

Chart 12. Accidents, Injuries and Poisonings in Women Ages 5 to 64. Annual Percentage Changes of Standardized Mortality Rates Per 100,000 Population Between the 1955-59 and 1975-79 Five-Year Periods.

In Poland, the trend has been towards an increase in this group of diseases, especially heart anemia (charts 6 and 7). The latest data indicate that in the 1980s a trend has appeared towards a slower increase in the number of deaths due to certain cardiovascular diseases, and in some age groups, there have even been declines. The insufficiently long time span, however, does not allow us to state unambiguously that the trend is permanent. Moreover, the percent of deaths due to "diseases of heart membranes, arterioles and capillary vessels," exceptionally high in Poland compared to other countries, has considerably grown over the same period of time. The general, non-standardized rate of deaths due to this group of causes, which in 1970 stood at 96.1 per 1,000,000 population, grew to 196.1 in 1983.

Malignant Tumors

Such tumors are the second most numerous group of causes for deaths, accounting for about one-fourth of the deaths of men and over one-third of deaths of women in the 35 to 64 age bracket.

Lung cancer was the most common tumor disease in men of this age bracket, whereas in women it was breast cancer. Over the last 20 years, an increase in lung cancer deaths among men in Poland was among the highest in Europe (chart 8), same as breast cancer in women.

Accidents, Injuries and Poisonings

These are the third main group of causes of death; their consequences are a major factor in handicaps and disablement. This group of causes is all the more important, because it affects many young people, as a result of which society loses a very great number of potential years of life (chart 10).

Information on accidents, injuries and poisonings in Poland, as well as on the circumstances of their occurence and factors responsible for them, is incomplete. However, even these fragmentary data indicate that among men the incidence of injuries is higher than the European average and is trending upward (chart 11). A similar, though smaller, growth is registered among women, who in the late 1970s came very close to the European average.

Automobile accidents are the most numerous in this group of causes, as far as the number of deaths is concerned. According to the data of the United Nations Economic Commission for Europe, 5,633 persons died and 46,385 persons were injured in Poland in 1975 in automobile accidents. In relation to the year 1970, accepted to be 100 percent, this amounts respectively to 163 and 135 percent. Comparison with the year 1960 (1970 being 100 percent, once again), in which these statistics were 58 and 62 percent respectively, also confirm the high rate of growth.

Job-related accidents come up to 200,000 a year, of which 1,500 are fatalities.

Data on the scope of accidents at home or during recreation are lacking. However, estimated statistics for Europe suggest that deaths due to accidental poisonings, accidents and fires account for about 45 percent of all accidental deaths. To a large degree, these causes refer to accidents at home and during recreation.

As far as suicide attempts are concerned, 4,021 were registered in 1981, out of which 3,761 were successful, according to the records kept by the Citizen's Militia. Compared to several previous years, the number of suicide attempts increased; in 1981 and 1982, respective statistics were 3,155, 2,195 and 3,481, 3,255. However, in 1983 the level of 1980, when 4,693 suicide attempts were registered (4,318 successful), was not reached.

Conclusion

The mortality rate in Poland is above the average European level. Differences relative to levels in other countries have increased over the last dozen years. This is particularly the case with populace under 65. Cardiovascular diseases, malignant tumors, as well as accidents, injuries and poisonings, are the main causes of death which have brought about this unfavorable situation. All three groups of causes of death derive from factors associated with lifestyle: the habit of smoking, excessive alcohol consumption and inappropriate nutrition. Smoking tobacco, a single factor, is responsible for about 30 percent of all malignant tumors.

All three groups of causes are preventable, because their origin is known. However, advances in this matter to date are highly unsatisfactory. Current guidelines and programs of prevention, extensive in nature, should be profoundly revised and replaced by more efficient intensive programs.

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9761
CSO: 5400/3008

EXPERTS COMMENT ON LONDON REPORT OF AIDS EPIDEMIC AMONG BLACKS

Expert Confirms Report

Johannesburg BUSINESS DAY in English 12 May 87 p 4

[Article by Hamish McIndoe]

[Text]

AT LEAST one SA AIDS expert believes yesterday's London report on the spread of the disease among SA blacks has identified a major risk of the spread of the virus which causes the disease.

Professor Walter Becker, a leading AIDS researcher, said the scenario painted by the report was possible.

The report, by the world charity War on Want, said SA blacks face a widespread epidemic of AIDS.

It said Central African countries were most seriously affected by the disease, but one of the most vulnerable countries in the future was SA because of the migration of black workers.

Called "Aids: Proposals for Action", the report says cities such as Johannesburg, Cape Town, Durban, Port Elizabeth and Pretoria would "undoubtedly provide large reservoirs of the virus".

Becker said: "The formula for the spread of the virus by migrant labourers exists, as long as nothing is done to prevent it happening."

But the Chamber of Mines said yesterday the industry does not regard AIDS as a major problem.

A chamber spokesman said: "The situation is monitored constantly. There is no reason to believe a major outbreak of the disease is likely.

"All existing employees found to be AIDS carriers are clinically assisted and counselled. Those fit to work will not be discharged."

He said no known AIDS carriers were on SA mines and all new recruits from high-risk areas were screened before being signed on.

Metz Says Epidemic Not Likely

Johannesburg THE STAR in English 14 May 87 p 15

[Article by Joe Openshaw]

[Text]

There was no evidence to support an allegation by the world charity War on Want that South Africa faced an Aids epidemic among its black population, Professor Jack Metz, chairman of the Advisory Group on Aids, said yesterday.

Professor Metz, who is also director of the Institute for Medical Research, was commenting on a report in The Star on Monday that War on Want had forecast an epidemic in South Africa.

It had based its conclusions on segregated populations of migrant workers and the country's excellent transport system, which, it claimed, would allow Aids to spread rapidly once it entered the country from the north.

The report said South Africa was the most vulnerable country in southern Africa and that large urban centres with their associated townships would become reservoirs of the Aids virus.

Professor Metz replied that South Africa was among the less vulnerable countries in Africa because it was furthest from the centre of Aids in central Africa, and the spread of the virus through blood, believed to be one of the major factors in central Africa, did not constitute a danger here.

All blood from donors was tested for Aids virus antibodies, and disposable needles and syringes were used.

"Extensive surveys have shown the incidence of Aids infection to be extremely low in migrant workers, with the exception of Malawians, and recruitment of new workers from Malawi has ceased.

"There is no evidence that large reservoirs of the virus would build up in the black population of South Africa, a group with probably the lowest incidence of all African coutries where Aids is a problem.

"In fact, no cases of Aids have yet been found in black South Africans," said Professor Metz.

He said it was inevitable such cases would occur, but the situation was monitored closely.

Professor Metzt doubted whether War on Want possessed the medical expertise and standing in world medicine to make the statements it did.

PREDICTION IS PURE SPECULATION

"The report's prediction that 75 million people might die from Aids in Africa in the next five years is pure speculation. Between 1979 and the present only 4 343 cases from Africa have been reported to the World Health Organisation, although this is certainly an underestimate.

"The publication of such sensational and speculative reports by sources with dubious credibility in the medical field is to be deplored.

"In South Africa, Aids is still almost exclusively a disease of white male homosexuals. So far this year, only seven new cases have been reported, all patients falling in this group.

"A total of 40 cases is expected this year and it is worth noting that in the past five years Aids has claimed 36 lives in South Africa compared with 150 road deaths during the Easter weekend."

/9317
CSO: 5400/187

7,000 IN COUNTRY SAID TO BE CARRIERS OF AIDS VIRUS

Johannesburg BUSINESS DAY in English 14 May 87 p 2

[Text]

CAPE TOWN — Forty-four people have died of AIDS in SA, with at least another 22 surviving victims of the deadly disease in the country, according to official figures.

Included in these figures are nine mineworkers — five of whom have died, according to a spokesman for the Chamber of Mines.

If, however, the disease in SA is following trends in the US and Europe, where the number of dead AIDS victims is roughly half the total number of people with the deadly form of the disease, then it is probable that the number of AIDS victims in SA is at least 80.

Dr Frank Spracklen, a member of the national AIDS Advisory Group, said recently the unrecorded cases were probably being treated by private doctors and had yet to come to the attention of the health authorities.

"We tend to see full-blown cases rather late in SA, which may have something to do with people not wishing to be identified as AIDS victims.

"It is probable, therefore, that there are a number of AIDS cases which have yet to be recorded in the National Health and Population Development Department's central register," he said.

Spracklen estimated that the number of people suffering the lesser, and usually non-fatal, AIDS-Related Complex (ARC) in SA was about ten times the number with the full-blown disease, or between 700 and 800.

The number of carriers in SA of the AIDS virus, known medically as Human Immuno-deficiency Virus (HIV), has been estimated as roughly 100 times the number of full-blown cases of AIDS, or between 7 000 and 8 000.

Dr Ruben Sher, a leading AIDS researcher at the SA Institute of Medical Research, said yesterday negotiations were under way to obtain supplies of the drug AZT for the treatment of AIDS patients.

Although not a complete cure, AZT has had some success in the treatment of AIDS.

The drug slows down the progress of the disease by interfering with the reproduction process of the HIV.

"We hope to be getting some AZT soon, although it would be premature to go into details at this stage," said Sher.

/9317
CSO: 5400/187

ANC CONCERNED ABOUT CADRES CONTRACTING AIDS IN CENTRAL AFRICA

Johannesburg THE WEEKLY MAIL in English 10-16 Apr 87 p 15

[Article by Jonathan Shopley and David Bellamy]

[Text] ONLY 63 cases of full-blown Aids have been reported in South Africa so far, according to statistics reported to the World Health Organisation (WHO) by local medical authorities, and a half again that many have died of the disease.

The national Aids Advisory Group of the Deparment of Health and Population Development gives the present doubling time of the disease as six months. This means we are set to follow the same path of Human Immunodeficiency Virus (HIV) infection that took the US from around 500 cases in 1982 to over 25 000 in 1986.

Apartheid has created excellent conditions for an explosion of Aids cases. Large-scale population mobility, interlinked with civil and regional wars, is the major factor. There are three groups involved: refugees, contract workers and soldiers on both sides.

Apartheid has generated two million refugees in Southern Africa, including those who struggle against it, according to War on Want, an international aid agency.

The figure, drawn from UN High Commission on Refugees information, is incomplete as it leaves out displaced persons. Refugees flee SADF actions or the actions of Unita in Angola or Renamo in Mozambique. Zambia and Malawi, both countries with a high HIV incidence, are also the countries with the highest numbers of such refugees.

A large Lusaka-based survey of blood donors found 17 percent of the blood tested there to be seropositive, or infected with the virus. The Mozambican information agency AIM reports that 70 000 refugees will be repatriated from Malawi, where WHO Aids figures are tenfold higher than in their home country. Some may carry the virus.

The migrant labour system is another apartheid factor which could promote the spread of the virus — contract workers living in all-male hostels. Unprotected sexual contact between carriers and other men or with prostitutes will rapidly spread the virus. As an example: in 1981, eight percent of the prostitutes in Nairobi tested were antibody positive. The current incidence is more than 65 percent.

Closer to home, the SA Institute of Medical Research and the Chamber of Mines claim a one in 25 prevalence of HIV carriers among Malawian mineworkers.

Infected contract workers returning to their families in the rural areas can carry the virus with them. Around two million South Africans leave their families every year in this way.

Any serious Aids prevention campaign must militate against the continuation of the migrant labour system; for in countries with a high urban Aids incidence, such as Zamiba, the settled rural population shows a negligible level of seropositivity.

Soldiers form a third large mobile group. ANC soldiers are trained in some of the Central African countries with the highest Aids incidence. The ANC's national executive committee last month resolved its personnel would receive HIV screening before entering — and after leaving — South Africa. And in order to institute safer sex practices, tens of thousands of condoms have been ordered.

Meanwhile, Archbishop Desmond Tutu spoke out in March about rapes committed by soldiers in Namibia and in South Africa. The Aids virus will be forced upon women otherwise not at risk.

But mobility and the brutality of war are not the only factors which can created a large-scale epidemic here. The latent HIV virus is triggered to induce the lethal syndrome by cofactors, such as stress or malnutrition. As the body's immune system is worn down, secondary epidemics of other endemic diseases, such as tuberculosis and gastro-enteritis, follow. The prevalence of the Aids virus in a population may go unnoticed, being masked by these diseases of poverty. And

these poverty-linked diseases are themselves reaching extraordinary proportions in some areas.

The south-western Cape last year faced an unexplained 23 percent increase in tuberculosis cases, from 1985.

In Central Africa a shift is occurring in the death pattern, away from the elderly and children and towards men and women in their twenties and thirties. This is both the most sexually active and the most economically productive group.

The economic future of high incidence areas is bleak. If muscle power is relied upon in food production, famine may follow in later years. An entire generation could be lost.

Aids experts throughout the region have charged that the South African government is failing to deal with the issue — in effect, wishing it away. No comprehensive information campaign such as those launched in Europe and the US have seen the light of day here.

The global strategy to combat the Aids pandemic is coordinated by the WHO. After help is requested, WHO assesses the official commitment to fighting Aids in a sustained national education and prevention programme.

Such WHO programmes are incorporated into the primary health care structures of the nations found to be acceptable. But the non-integrated homeland system and the lack of a national health service could be obstacles to an application made by the South African government — as well as to any serious independent Aids prevention or containment strategy.

/13104
CSO: 5400/177

CALL FOR RURAL EDUCATION ON AIDS

Johannesburg CITY PRESS in English 26 Apr 87 p 3

[Excerpt]

COMMUNITIES in rural and tribal areas were threatened by the African pattern of the spread of Aids as a result of hetrosexual promiscuity, according to professor John Moodie, a clinical virologist.

The professor, who is coordinator of the extra-mural department course on Aids at the University of Cape Town, said the African pattern had not yet shown up in South Africa, so there was time to educate those most at risk.

He said people could be educated in safe sexual practices through family planning clinics and village health workers, but leaders would first have to be convinced,and tell the people in a way they can understand, of the risks of promiscuity.

"We want to get across the message that Aids in Western communities is spread almost entirely through homosexual male intercourse and is quite different from the African pattern of hetrosexual transmission."

The course is being held to inform the interested public of the nature of the virus.

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CSO: 5400/177

BRIEFS

NEW HERPES VIRUS MAY BE AIDS RELATED--A South African expert on AIDS (Acquired Immune Deficiency Syndrome) said that he has isolated a new herpes virus which may kill in the same way and which could be a factor in AIDS deaths. Professor Walter Becker, of Stellenbosch University, said tests on the virus were still in their early stages and it was too soon to tell how easily it could be transmitted. He said the herpes virus was probably transmitted in similar ways to AIDS--through sexual contact, blood transfusions and infected needles used by drug addicts. "It may be related to the disease and it could be important. It's something one must investigate as quickly as possible. "Since it is a herpes virus, it may be more amenable to treatment than AIDS," he added. Becker said the herpes virus, never isolated before in humans, had been identified in recent months in a Cape Town patient who had died and in a man from Zaire who had left the hospital and could not now be contacted. "That indicates that it's not a one-off, local phenomenon. It's likely to occur in other places as well, at least in Africa," he said. Like AIDS, the herpes virus seems to destroy parts of white blood cells which play a central role in combating diseases. Medical officals said 36 of the 48 known SA AIDS sufferers had died from the disease. [Text] [Johannesburg CITY PRESS in English 26 Apr 87 p 3] /13104

CSO: 5400/177

CATTLE DISEASE EPIDEMIC IN SATKHIRA DISTRICT

Dhaka THE BANGLADESH OBSERVER in English 18 Apr 87 p 7

[Text]

SATKHIRA, Apr. 17.—Cattle disease broke out in an epidemic form in the district. A large number of cattleheads and goats have already died of the disease.

Poultry disease has also broken out in an epidemic form in the district. The disease has already claimed the lives of a large number of poultry birds.

According to unofficial report, 400 cows, 1200 goats, 8000 hens and 12000 ducks have been attacked with the disease.

An official of the Upazila Livestock Department refused to say anything about the outbreak of the disease.

Meanwhile the Livestock Authorities treated a huge number of cattleheads and poultry birds under the preventive vaccination and general treatment programme within Khulna Division in the current fiscal year.

It is learnt that the target of vaccination programme has been fixed 18,05,000. Of them, 15,58,859 cattleheads have already been vaccinated within the first six months. Out of the target of one crore 26 lakh 50 thousand under the preventive vaccination programme 87,49,635 poultry birds have been vaccinated.

It may be mentioned here that the number of total cows in Khulna Division is 85,07,187, bulls 3,46,363, goats 37,62,725, rams 5,16,441, cock and hens one crore 70 lakh 6 thousand 9 hundred and ducks 33 lakh 56 thousand 3 hundred 26.

There are 98 livestock hospital, 4 disease enquiry centres, 4 artificial insemination centres and 120 sub-artificial insemination centres in this zone.

On the other hand there are 28 cattlehead farms, 5 goat farms, 100 cattlehead welfare hospitals, 38 cattlehead farms under private sector in this zone.

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CSO: 5450/0140

BRIEFS

CATTLE DISEASE CONTROLLED--Dr Yusuf Wali, deputy prime minister and minister of agriculture, has affirmed that the Ministry of Agriculture and the veterinary laboratories are in firm control of the hoof-and-mouth disease which has spread among some cattle herds in several governorates. In a statement before a session of the Consultative Council this afternoon under Dr 'Ali Lutfi, Minister Wali said that 12,000 animals have been affected by this disease, of which only 700 have died. He noted that the government is now lifting the subsidies on the fodder and its components gradually, with an ultimate objective of letting the fodder price be determined by market supply and demand. He added that the government is committed to import all the items needed for the poultry industry in Egypt and to ensure the availability of all the basic requirements for that industry. [Text] [Cairo Domestic Service in Arabic 1830 GMT 24 May 87 NC] /12913

CSO: 5400/4610

BRIEFS

ANIMALS VACCINATED IN SOMMERSCHIELD--To date 2,564 animals, including 235 dogs, 58 cats and 2,271 chickens, have been vaccinated in the Sommerschield district of the capital. According to a Ministry of Agriculture veterinarian, only three blocks out of the approximately 40 initially included remained to be covered in the district of Sommerschield as of last Tuesday. According to this veterinarian, the work is proceeding in excellent fashion, and the campaign has the support of the district structures. Large quantities of vaccines will be needed for this campaign, which is to be carried out in all of the areas of Urban District No 1. Some of the vaccines being used now are a part of the quantity produced at the Veterinary Research Institute, while others were imported from France to increase the quantity on hand. It will be recalled that this campaign to vaccinate domestic animals began last 27 April, and its purpose is to prevent rabies and Newcastle's disease. [Text] [Maputo NOTICIAS in Portuguese 14 May 87 p 2] 5157

CSO:5400/184

NAVY RAT CONTROL CAMPAIGN REPORTED

Beijing JIANKANG BAO [HEALTH NEWS] in Chinese 10 Jan 87 p 2

[Article by the Health Department, Services and Supply Section, PLA Navy]

[Text] Rat infestation on ships and at naval bases has long been an unresolvable problem for the Navy. To attack this problem, we have conducted two rat eradication projects in 1985 at two large naval bases -- Zhanjiang's Maxie and Qingdao, which received wide acclaim from China's armed forces. To expand on this success, we called a "rat-free" on-the-spot conference last March at Zhanjiang, where the rat eradication experience from the two earlier projects was reviewed and shared. After active efforts by those concerned, another 14 naval bases, 4 airfields, and 6 station hospitals were able to attain the "rat-free" standard as set by "Health and Sanitation Regulations for National Boundary Outposts and Ports of the Chinese People's Republic," and were further approved by authorities at the national, provincial, and municipal levels. Our approach to the problem consisted of the following measures:

1. Strengthening the leadership to properly organize and manage the task.

During the on-the-spot conference called at the Navy's health conference last year, an office for rat eradication work was set up, practical measures were studied and the necessary work expenditures were considered. The Institute of Health and Epidemiology [Epidemic Surveillance] provided rat eradication chemicals and equipment, besides technical assistance. Various naval bases also followed by establishing their own leadership groups and eradication teams, by conducting training sessions and overall mobilization through information dissemination.

2. Strict organization throughout.

Strict organization assures the effectiveness of technical measures taken. We involved everyone in each sanitation unit to make timely inspections. On each ship or unit, two or three well-trained rat eradication personnel were assigned to be responsible for placement of the poison bait and eradication tools, which was more effective than giving the bait and tools to each unit to handle on its own. We took the approach of applying bait over a large area

until it was saturated, which yielded a rat recovery rate over 95 percent. Within a short period of time, the rat density dropped drastically, to be followed by the next step in the program, which was to sustain this drop.

3. Firm adherence to scientific rat eradication and promoting a simple baiting method.

In the past, many units used the numbers of rats eliminated as the criteria to evaluate the effectiveness of methods used. But we used the measure of rat density to reach our goals, to see which unit could attain the "rat-free" standard. Not only was this an active, rather than passive, approach to rat eradication, it also helped maintain rat density at a lower level.

Among the rat eradication methods now available, only the poison bait method can be used simultaneously over a large area to quickly reduce the rat density. Toward this end, we adopted a simple and easy one-time all-out attack for the treated area to be saturated in three days. Within 20 days, this method had attained its goal. The actual method calls for mixing corn or wheat that had been soaked in a 0.05% solution of a rat eradication compound (Di shu na) with the poison bait, and placed in little piles, at the rate of one 50-gm pile for every 15 square meters of indoor floor space, and one 50-gm pile for every 10 sq m of outdoor surface. The sites were checked at least once a day after the poison bait had been set. Any bait consumed by the rat/rats must be replaced in time. For sites where all the bait had been eaten up, the amount of bait to be replaced must be doubled. To prevent birds from eating the outdoor bait, it must be placed inside a brick "shelter" formed with three bricks.

4. Perseverance to reinforce and maintain results.

Experience has proven that perseverance to maintain and reinforce the rat eradication results is even more important than the rat eradication itself. To prolong the effectiveness of the poison bait, units everywhere have devised various kinds of bait boxes and bait housing, rat eradication bags and trays etc., based on local materials available. At the same time, the port environment is cleaned up and beautified with plantings, thereby cutting down the sources of food and shelter for the rats. The team of rat eradication specialists continue to carry out periodic inspections of the rat density.

5292
CSO: 5400/4119

25,000 CATTLE VACCINATED AGAINST FMD

Harare THE FINANCIAL GAZETTE (Farming) in English 8 May 87 p 17

[Text]

THE veterinary authorities have vaccinated another 25 000 cattle in the past two weeks to control the latest infection of foot-and-mouth disease in Matabeleland, which was apparently spread by cattle moved illegally.

This brings to 125 670 the number of vaccinations the Department of Veterinary Services has administered since the current outbreak was confirmed at the end of March, and which now affects four ranches.

Cattle on infected and neighbouring farms are given two doses of vaccine within two weeks of each other and again six months later.

The director of the Department of Veterinary Services, Dr Jimmy Thompson, said that the most recent infection, on Tsomo Ranch, south of Greystone, appeared to be under control.

The disease, he said, had been spread by cattle which had been moved without a permit from Avondale Ranch, where they had been trespassing, before the ranch was confirmed to be infected and condemned off.

Tsomo Ranch is about 21km from Avondale Ranch and was therefore outside its vaccination ring, Dr Thompson said.

The infection on Tsomo Ranch, confirmed on April 22, had led to the erection of further roadblocks, which now numbered eight on major routes and six on smaller roads.

About 180 department staff, including five veterinarians, 25 animal health inspectors and 150 labourers and fence-guards, were now occupied with the campaign to control the outbreak.

The department's team of hunters was busy tracking up to four buffalo known to be in the Turk Mine area with the intention of destroying the animals, which are regarded as potential transmitters.

The current outbreak was first confirmed on March 25 and is thought to have been started by a buffalo which strayed from the vaccinated zone north of Bulawayo into Oscardale Ranch, near Inyati.

/9317
CSO: 5400/185

BRIEFS

RABIES INFECTED PROVINCE--Harare--Zimbabwe's western province of Matabeleland has been declared rabies infected and authorities have ordered all animals to be vaccinated. Matabeleland chief veterinary officer, Peter Taylor, said two people died after being bitten by a rabid dog in the south of the province recently and hundreds of cattle had been destroyed. The vast semi-bush province is Zimbabwe's major cattle-ranching region. (Reuter) [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 26 Feb 87 p 6] /9317

CSO: 5400/185

BRIEFS

CHIUNZE CROPS AFFECTED BY LOCUSTS--The first crops of the current agricultural campaign in the communal village of Chiunze, in the locality of Lionzuane in the district of Massinga, have not yielded satisfactory results due to the plague of locusts that have attacked corn, vegetable and other crops. This information was provided by the people of the communal village of Chiunze, during a people's meeting guided by the Presidential Minister for State Administration, Oscar Monteiro, who very recently visited that rural community. At that time, Oscar Monteiro was also informed of the efforts of the local population in their attempts to eliminate the plague of locusts, utilizing, for the purpose, some locally acquired drugs. Speaking at the time, the Presidential Minister for State Administration praised the work being accomplished by the villagers of Chiunze, particularly with regard to the reintegration of the former armed bandits. [Maputo NOTICIAS in Portuguese 31 Mar 87 p 3] 13026/9835

CSO: 5400/158

HAI PHONG RICE FIELDS INVADED BY DISEASE-CARRYING INSECTS

Hanoi NHAN DAN in Vietnamese 7 Apr 87 pp 1, 4

[Article by Minh Son: "New Challenge in the Hai Phong Rice Fields"]

[Text] Tu Doi (Kien Quoc village) is one of the four cooperatives in Do Son district whose 5th-month and spring rice crop is most seriously threatened by disease-carrying insects. Over 100 hectares of wheat are infected with as many as 8,000-10,000 brown planthoppers per square meter. We have seen clumps of wheat which were just flowering or bearing being choked because they were overwhelmed by brown planthoppers. Aside from brown and white planthoppers, there are also a number of other parasites, such as striped insects, borers, and green plant bugs which have the potential to spread, causing grave damage to the tea plants and wheat which are beginning to flower.

For over 20 days, the members of the Tu Doi Cooperative, in particular, and the members of the 23 cooperatives in Do Son District, in general, have been fighting in the fields night and day to protect the 5th-month and spring rice, and they are determined to save the fruit of their past months of labor. As soon as brown planthoppers and parasitic bugs were discovered in the Rung field of production team 13 and on some of the surrounding hills, the party echelon and the cooperative's management mobilized their members in time. They used all available materials: kitchen soot, kitchen ashes, lime, kerosene...to encircle and crush the epidemic and the bugs the first time they appeared on the tea bushes and the wheat.

The chief of Tu Doi Cooperative confirms that the timely reinforcement given to the cooperative by the district's tree-planting service company was very effective.

The district dispatched four mechanical insecticide pumps to Tu Doi, along with 80 kg of special insecticide. The district's pumps and the other hand-operated pumps owned by the cooperatives were used effectively. The area most badly infected by brown planthoppers was reduced. Step by step, the disaster of bugs destroying plants was stopped. In only about 20 days, the Do Son cooperatives, by home-made methods, have captured close to 300 kg of green plant bugs and other insects. Of the above number, Tu Doi was the cooperative which destroyed the greatest number of bugs and insects.

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